# Service Provider User Manual

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WASHTENAW COMMUNNITY HEALTH ORGANIZATION

# Administrative Website Manual

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Section

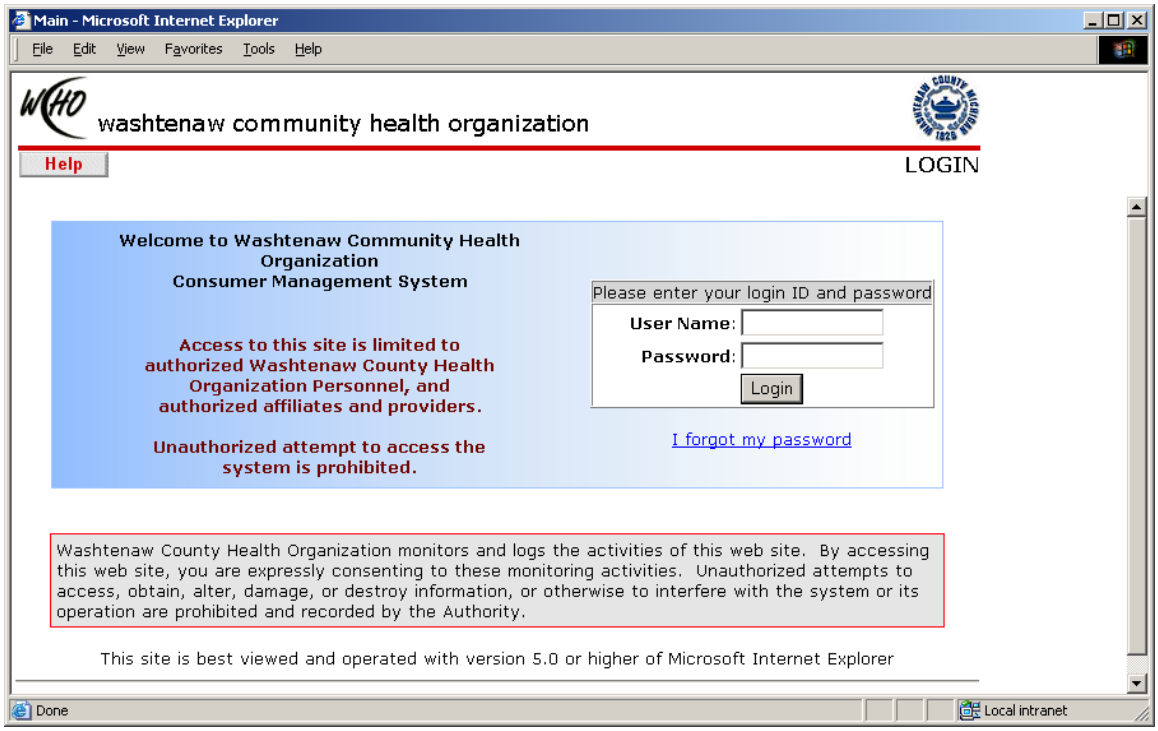
1

# Logging Into and Out of the System

## Logging Into the System

- Open Internet Explorer
- In the address box type in http://www.ewcho.org and press Enter on your keyboard.

The following screen will be displayed:

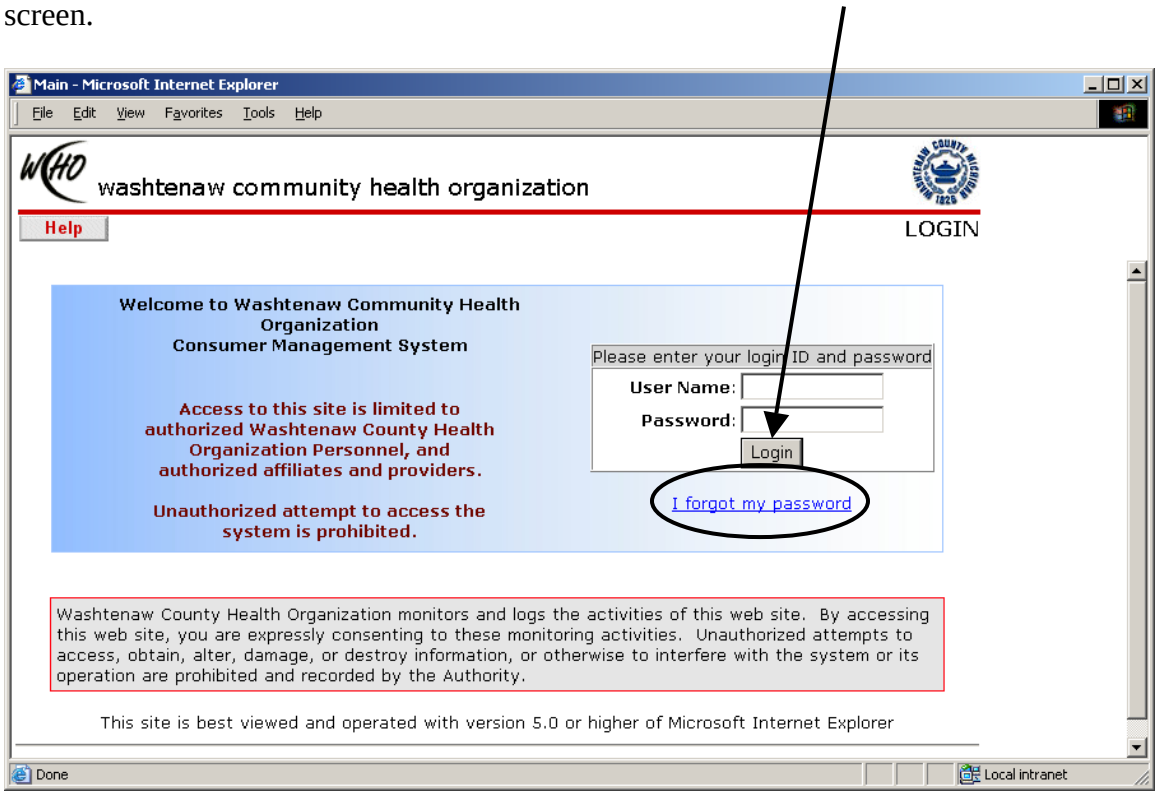

Main - Microsoft Internet Explorer
File Edit View Favorites Tools Help
washtenaw community health organization
Help
LOGIN
Welcome to Washtenaw Community Health Organization
Consumer Management System
Access to this site is limited to authorized Washtenaw County Health Organization Personnel, and authorized affiliates and providers.
Unauthorized attempt to access the system is prohibited.
Please enter your login ID and password
User Name:
Password:
Login
I forgot my password
Washtenaw County Health Organization monitors and logs the activities of this web site. By accessing this web site, you are expressly consenting to these monitoring activities. Unauthorized attempts to access, obtain, alter, damage, or destroy information, or otherwise to interfere with the system or its operation are prohibited and recorded by the Authority.
This site is best viewed and operated with version 5.0 or higher of Microsoft Internet Explorer
Done
Local intranet

- Enter your User Name and Password, and then click the Login button. **Please note:**
  - The first time you access your account; your password will be the same as your User ID. You will be prompted to change your password.

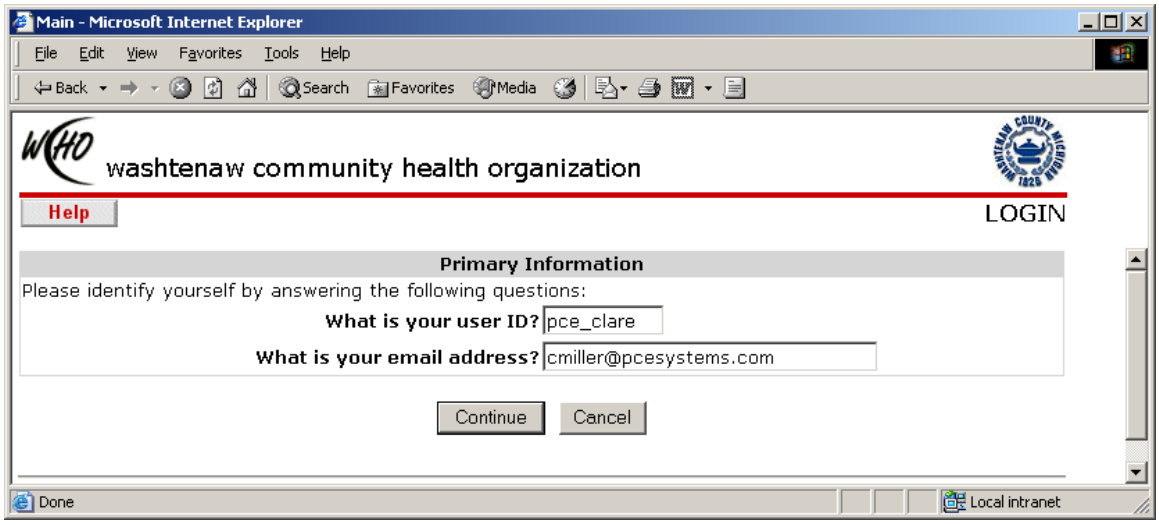
- When changing your password you will provide the answer to two security questions; what is your birth-date and what are the last four digits of your Social Security Number. The answers to these questions will be used if you forget your password.
- After three unsuccessful login attempts, your account will be locked and you will have to call the Help Desk to have it unlocked.

## What If I Forget My Password?

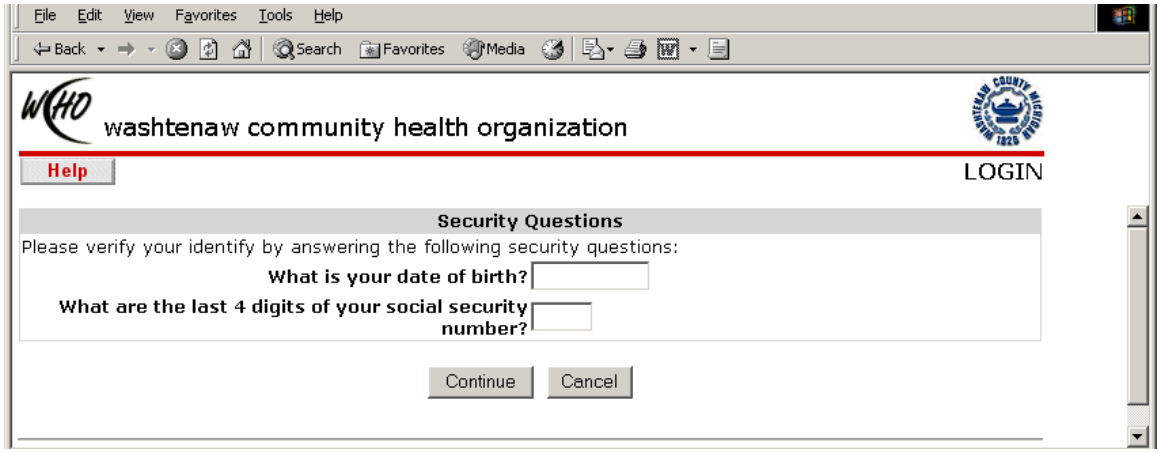
If you have forgotten your password, click on the ***I forgot my password*** link on the log in screen.


Main - Microsoft Internet Explorer
File Edit View Favorites Tools Help
washtenaw community health organization
Help
LOGIN
Welcome to Washtenaw Community Health Organization
Consumer Management System
Access to this site is limited to authorized Washtenaw County Health Organization Personnel, and authorized affiliates and providers.
Unauthorized attempt to access the system is prohibited.
Please enter your login ID and password
User Name:
Password:
Login
I forgot my password
Washtenaw County Health Organization monitors and logs the activities of this web site. By accessing this web site, you are expressly consenting to these monitoring activities. Unauthorized attempts to access, obtain, alter, damage, or destroy information, or otherwise to interfere with the system or its operation are prohibited and recorded by the Authority.
This site is best viewed and operated with version 5.0 or higher of Microsoft Internet Explorer
Done
Local intranet

- Enter your User ID and Email address in the fields provided, and then click the Continue button.



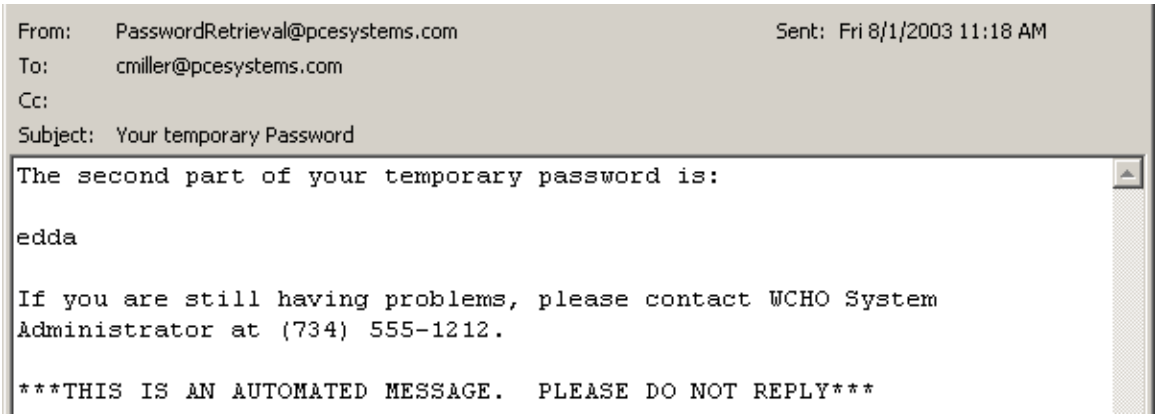

- Enter the answer to the Security Question in the field provided and then click the continue button.


File Edit View Favorites Tools Help
Back Search Favorites Media
washtenaw community health organization
Help
LOGIN
Security Questions
Please verify your identify by answering the following security questions:
What is your date of birth?
What are the last 4 digits of your social security number?
Continue
Cancel

The system will provide you with the first half of the temporary password. Be sure to write down the password displayed, as this screen will no longer be available after you click on the Continue button.

washtenaw community health organization
Help
LOGIN
A temporary password has been generated. The first part of this password is 4e7a. The second part has been emailed to you.
Please write down the first part of the password - once you leave this screen, you will not be able to view this information again.
If you're still having problems, please contact WCHO System Administrator at (734) 555-1212.
Continue

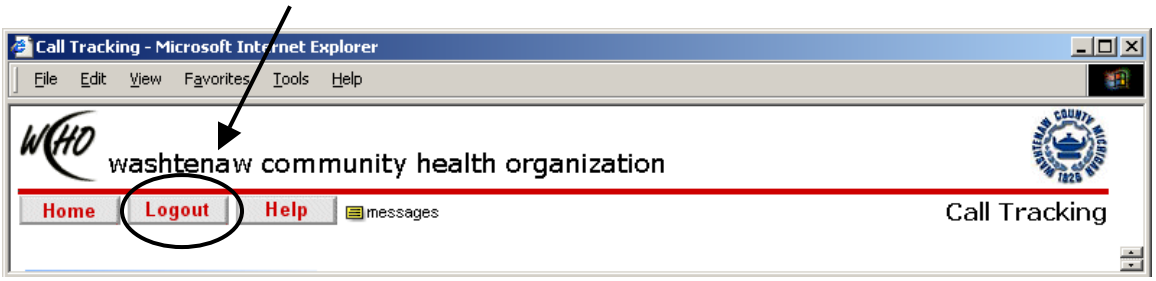
The second half of the password will be sent to your email account.


From: PasswordRetrieval@pcesystems.com
Sent: Fri 8/1/2003 11:18 AM
To: cmiller@pcesystems.com
Cc:
Subject: Your temporary Password
The second part of your temporary password is:
edda
If you are still having problems, please contact WCHO System Administrator at (734) 555-1212.
***THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY***

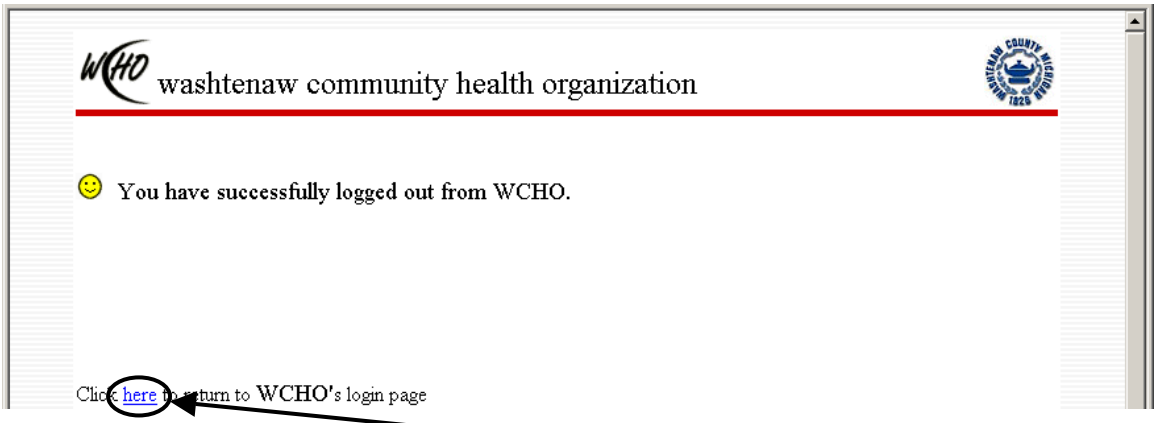
## Logging Out of the System

Always log out of the system before shutting down the browser a log out is also necessary when you leave your computer unattended. Logging out prevents unauthorized Users from entering the Administrative System.

- Click on the ***Logout*** button




The following screen will be displayed:


washtenaw community health organization
You have successfully logged out from WCHO.
Click here to return to WCHO's login page

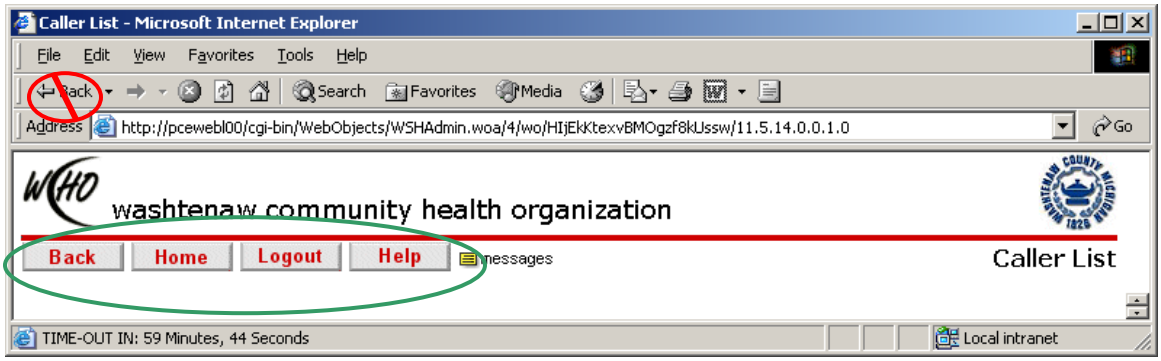
If you wish to return to the login screen click the ***here*** link. It is now safe to close your browser.

Section

2

# Navigation Buttons

When using the WCHO Administrative system, DO NOT use your browser's back button. Only use the navigation buttons provided by the system; that is, those below the red line.




Back Click on the back button to go to the previous page. **DO NOT USE YOUR BROWSER'S BACK BUTTON.**

Home The home button will always take you back to the main page.

Logout Click on the logout button to exit the system.

Help Click on the Help button to access this User Manual online.

lookup Use the Lookup button to access database for Providers, Consumers, and Staff in accordance with the screens.

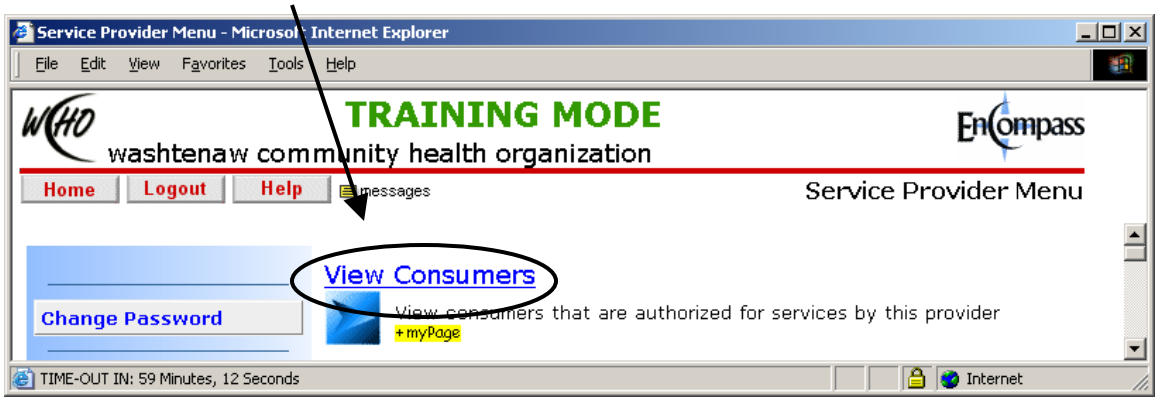
Section

3

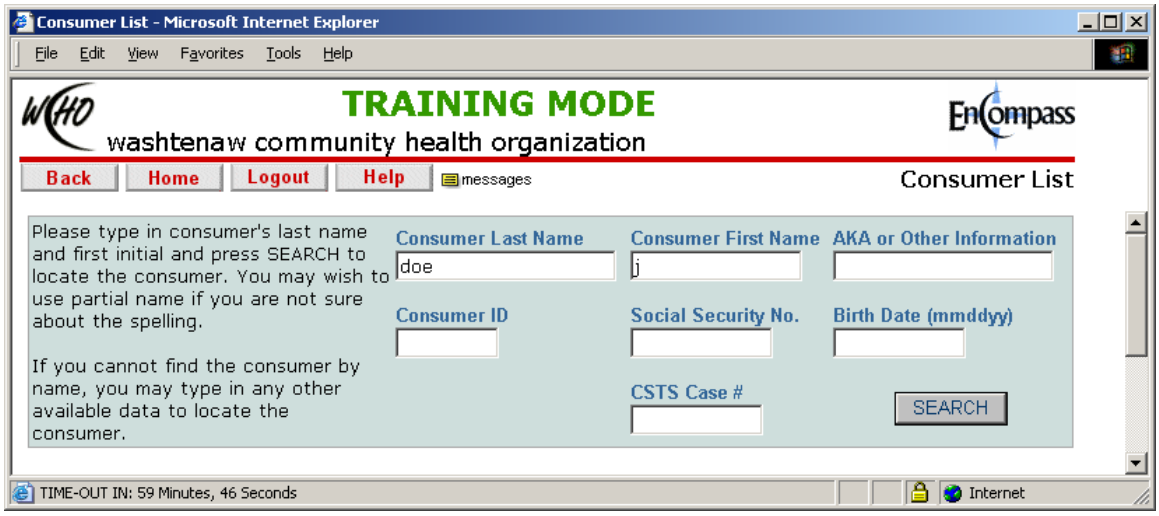
# Consumer Information

## View Consumer Demographics

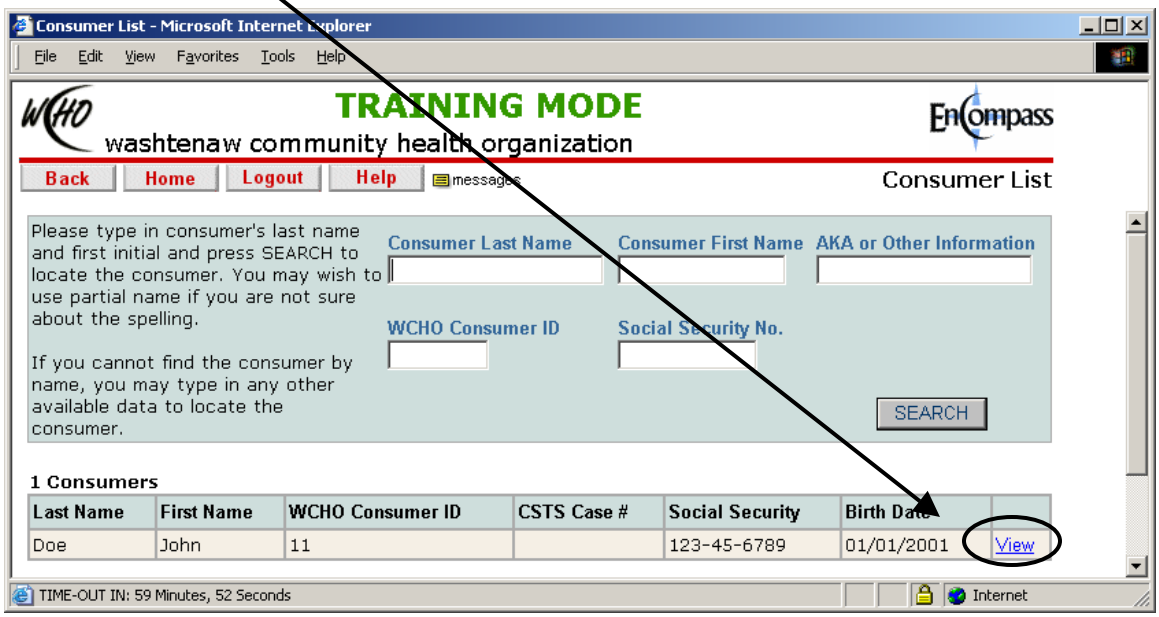
- Click on ***View Consumers***




- Search for the Consumer, you may enter a partial name such as the first three letters of the last name and the first initial, and then click the SEARCH button.


Consumer List - Microsoft Internet Explorer
File Edit View Favorites Tools Help
TRAINING MODE
washtenaw community health organization
EnCompass
Back
Home
Logout
Help
messages
Consumer List
Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use partial name if you are not sure about the spelling.
If you cannot find the consumer by name, you may type in any other available data to locate the consumer.
Consumer Last Name
doe
Consumer First Name
j
AKA or Other Information
Consumer ID
Social Security No.
Birth Date (mmddyy)
CSTS Case #
SEARCH
TIME-OUT IN: 59 Minutes, 46 Seconds
Internet

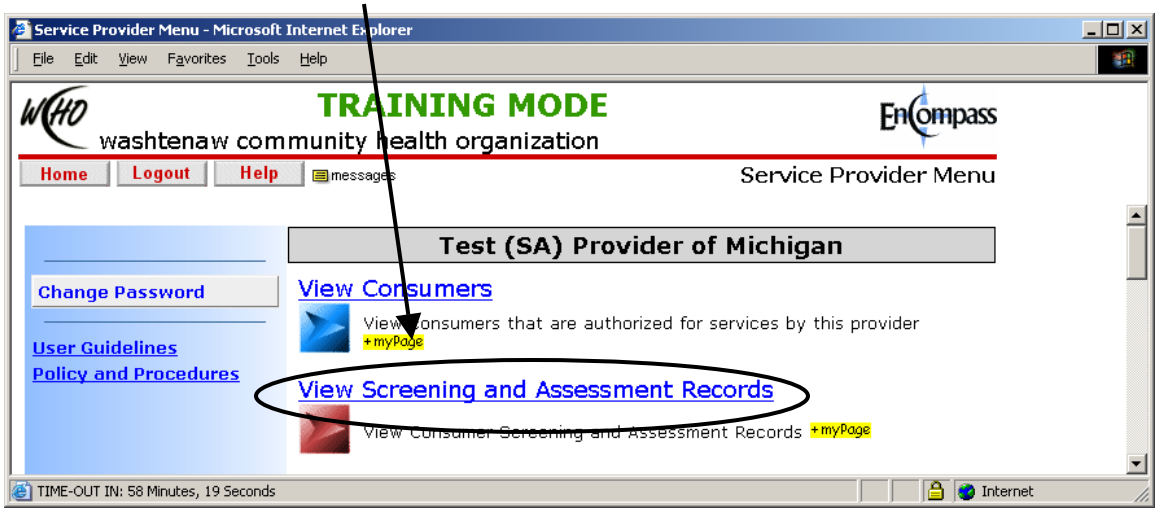
- Click the ***View*** link to the right of the Consumer's name.


Consumer List - Microsoft Internet Explorer
File Edit View Favorites Tools Help
TRAINING MODE
washtenaw community health organization
EnCompass
Back Home Logout Help messages
Consumer List
Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use partial name if you are not sure about the spelling.
If you cannot find the consumer by name, you may type in any other available data to locate the consumer.
Consumer Last Name
Consumer First Name
AKA or Other Information
WCHO Consumer ID
Social Security No.
SEARCH
1 Consumers
Last Name
First Name
WCHO Consumer ID
CSTS Case #
Social Security
Birth Date
Doe
John
11
123-45-6789
01/01/2001
View
TIME-OUT IN: 59 Minutes, 52 Seconds
Internet

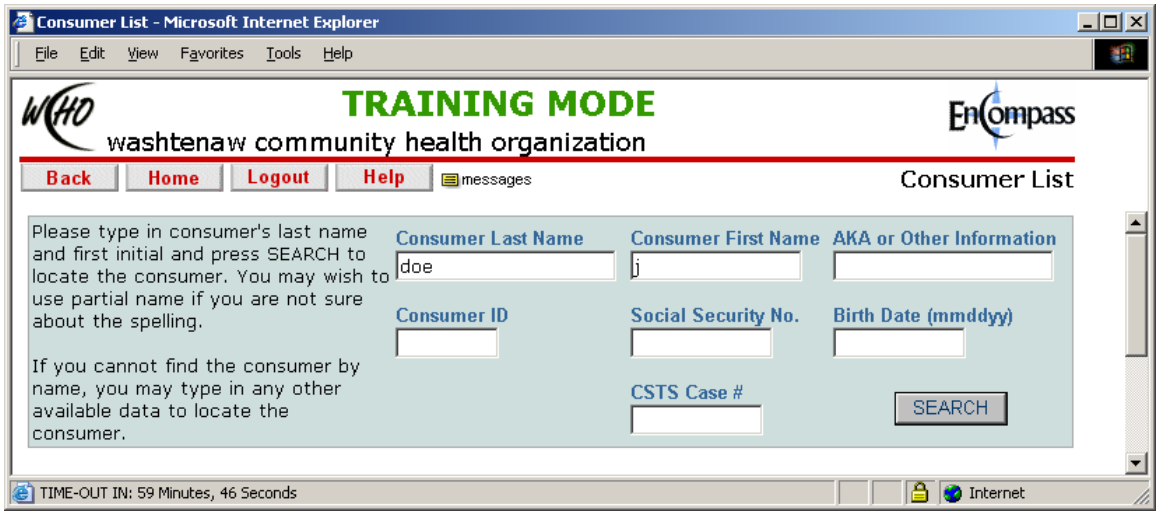
The Consumer's demographic information is displayed. Use the scroll bars on the right side of the screen to move through the data.

## View Screening and Assessment Records

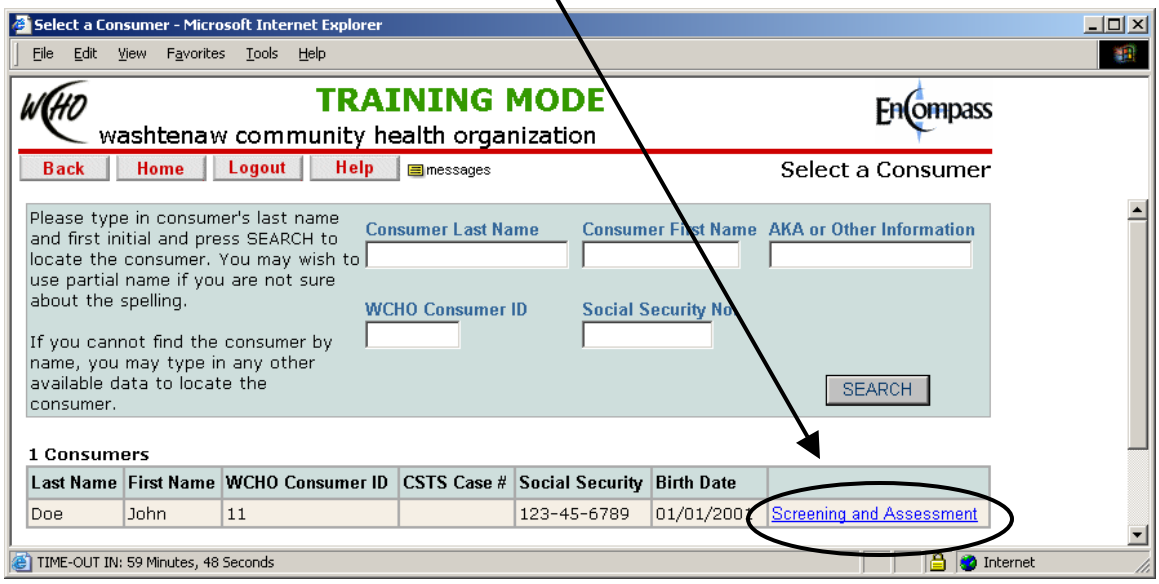
- Click on ***View Screening and Assessment Records***



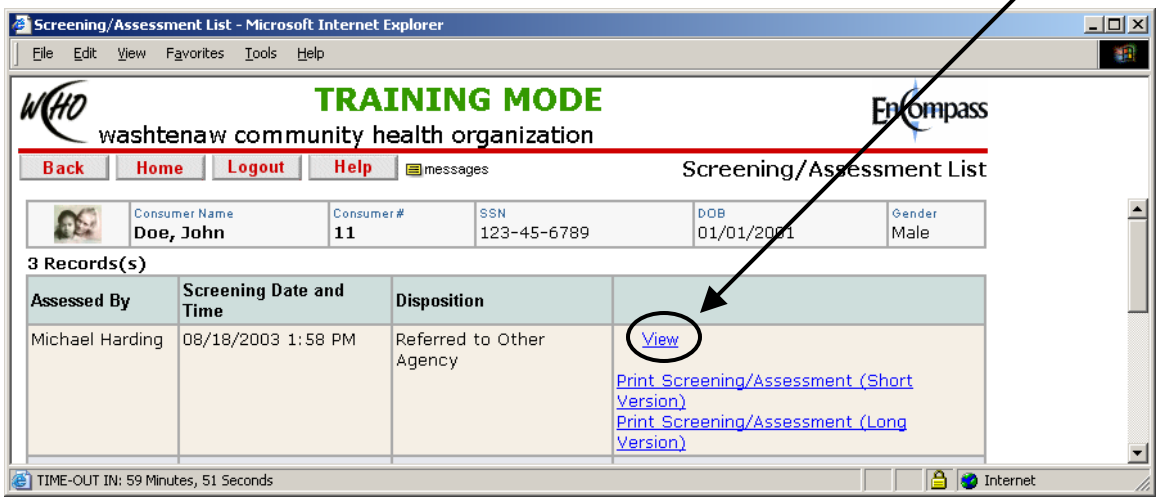
- Search for the Consumer, you may enter a partial name such as the first three letters of the last name and the first initial, and then click the SEARCH button.


Consumer List - Microsoft Internet Explorer
File Edit View Favorites Tools Help
TRAINING MODE
washtenaw community health organization
EnCompass
Back Home Logout Help messages
Consumer List
Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use partial name if you are not sure about the spelling.
If you cannot find the consumer by name, you may type in any other available data to locate the consumer.
Consumer Last Name
doe
Consumer First Name
j
AKA or Other Information
Consumer ID
Social Security No.
Birth Date (mmddyy)
CSTS Case #
SEARCH
TIME-OUT IN: 59 Minutes, 46 Seconds
Internet

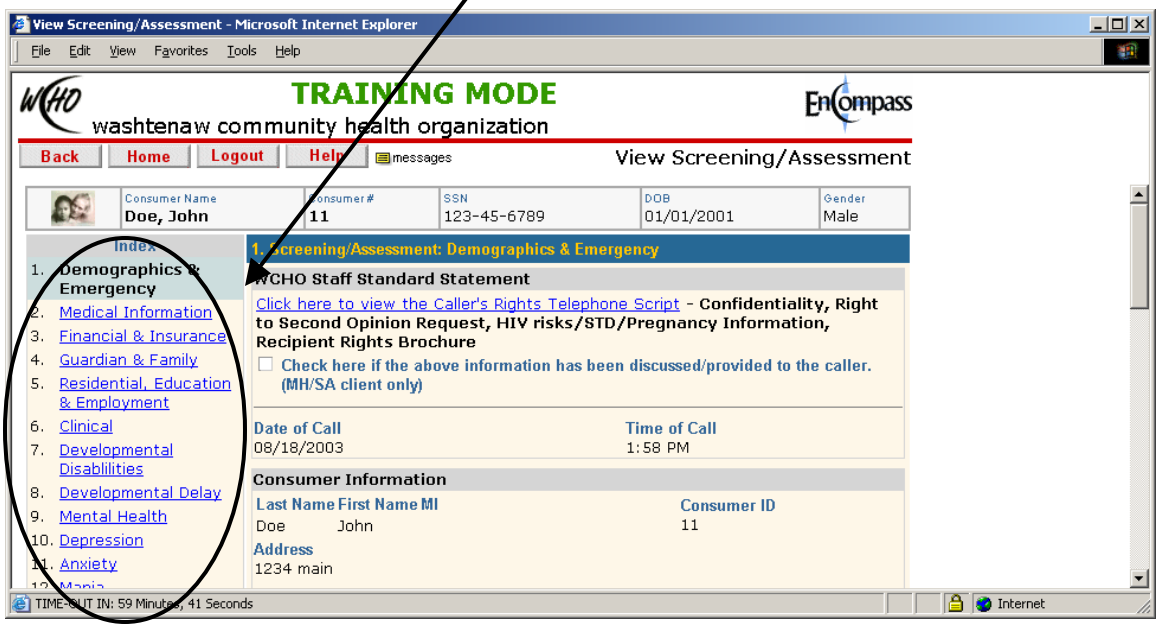
- Click on the ***Screening and Assessment*** link to the right of the Consumer's information


Select a Consumer - Microsoft Internet Explorer
File Edit View Favorites Tools Help
TRAINING MODE
washtenaw community health organization
EnCompass
Back Home Logout Help messages
Select a Consumer
Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use partial name if you are not sure about the spelling.
If you cannot find the consumer by name, you may type in any other available data to locate the consumer.
Consumer Last Name
Consumer First Name
AKA or Other Information
WCHO Consumer ID
Social Security No
SEARCH
1 Consumers
Last Name | First Name | WCHO Consumer ID | CSTS Case # | Social Security | Birth Date
Doe | John | 11 | | 123-45-6789 | 01/01/2001
Screening and Assessment
TIME-OUT IN: 59 Minutes, 48 Seconds
Internet

- A list of all screenings conducted by ACCESS will be displayed, click the ***View*** link to the right of the assessment.




- The Screening and Assessment will be displayed. There are twenty-nine pages of data, use the index provided on the left hand side of the screen to access the information quickly.


View Screening/Assessment - Microsoft Internet Explorer
File Edit View Favorites Tools Help
TRAINING MODE
washtenaw community health organization
Encompass
Back Home Logout Help messages
View Screening/Assessment
Consumer Name Doe, John
Consumer # 11
SSN 123-45-6789
DOB 01/01/2001
Gender Male
Index
1. Demographics & Emergency
2. Medical Information
3. Financial & Insurance
4. Guardian & Family
5. Residential, Education & Employment
6. Clinical
7. Developmental Disablilities
8. Developmental Delay
9. Mental Health
10. Depression
11. Anxiety
1. Screening/Assessment: Demographics & Emergency
WCHO Staff Standard Statement
Click here to view the Caller's Rights Telephone Script - Confidentiality, Right to Second Opinion Request, HIV risks/STD/Pregnancy Information, Recipient Rights Brochure
Check here if the above information has been discussed/provided to the caller. (MH/SA client only)
Date of Call 08/18/2003
Time of Call 1:58 PM
Consumer Information
Last Name First Name MI
Doe John
Consumer ID 11
Address
1234 main
TIME-OUT IN: 59 Minutes, 41 Seconds
Internet

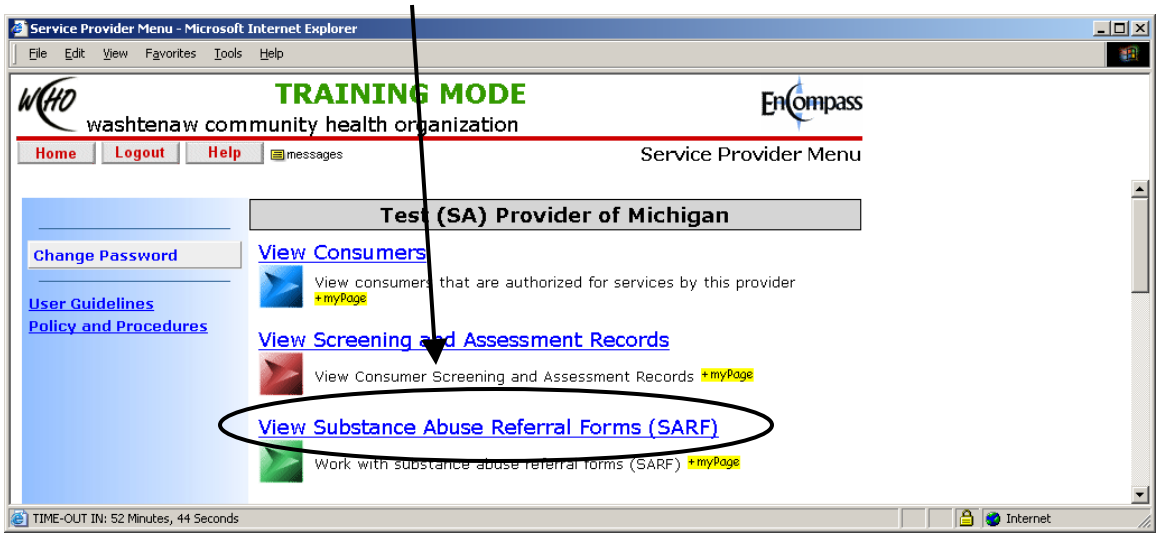
Section

4

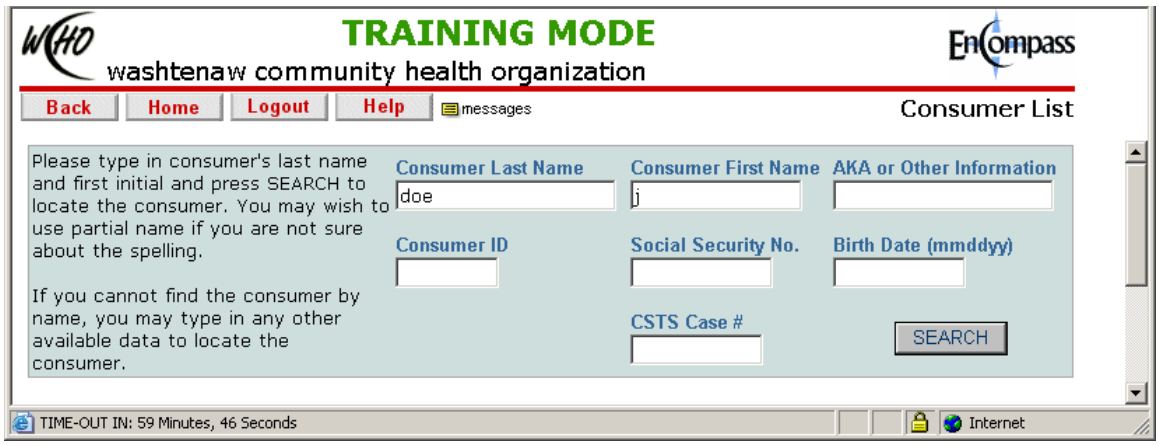
# Substance Abuse Referral Form

## View Substance Abuse Referral Form (SARF)

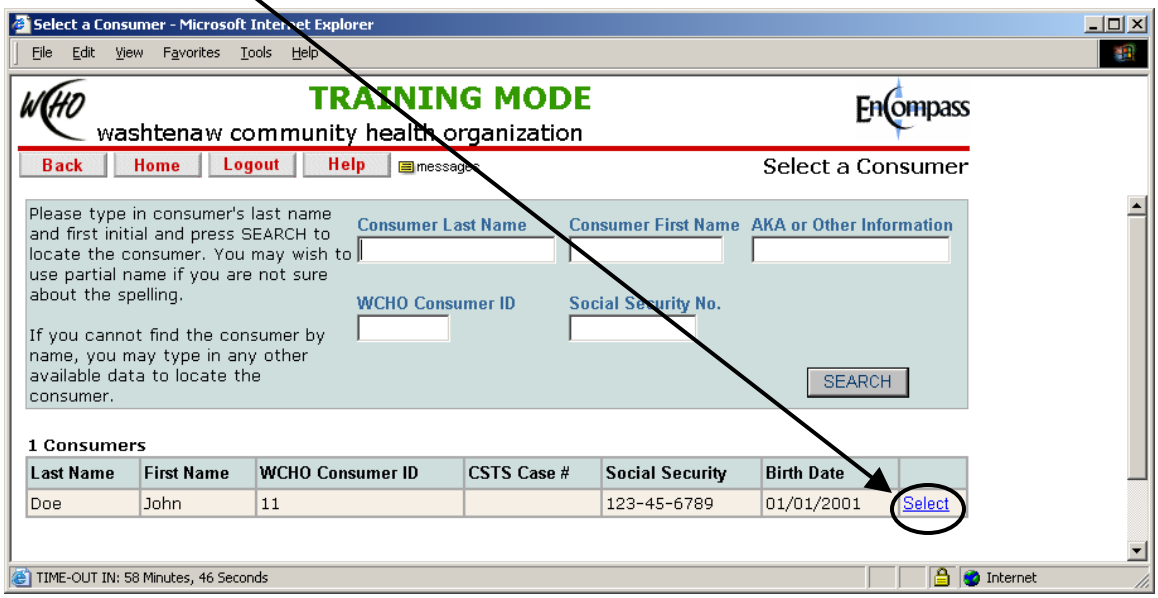
- Click on ***View Substance Abuse Referral Forms (SARF)***


Service Provider Menu - Microsoft Internet Explorer
File Edit View Favorites Tools Help
TRAINING MODE
washtenaw community health organization
EnCompass
Home Logout Help messages
Service Provider Menu
Test (SA) Provider of Michigan
Change Password
User Guidelines
Policy and Procedures
View Consumers
View consumers that are authorized for services by this provider
+myPage
View Screening and Assessment Records
View Consumer Screening and Assessment Records +myPage
View Substance Abuse Referral Forms (SARF)
Work with substance abuse referral forms (SARF) +myPage
TIME-OUT IN: 52 Minutes, 44 Seconds
Internet

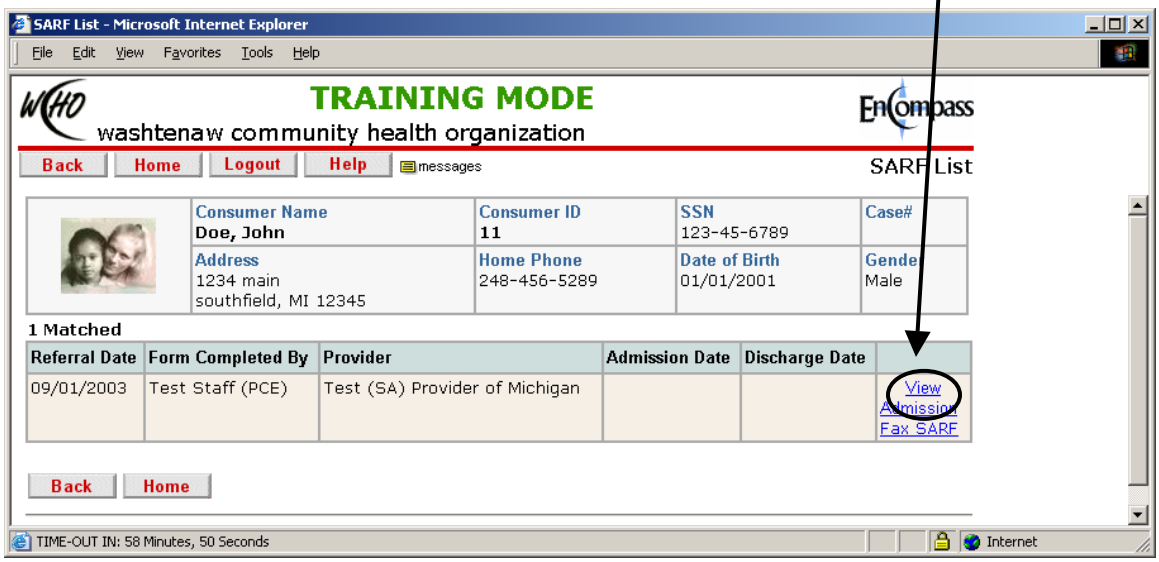
- Search for the Consumer, you may enter a partial name such as the first three letters of the last name and the first initial, and then click the SEARCH button.


TRAINING MODE
washtenaw community health organization
EnCompass
Back Home Logout Help messages
Consumer List
Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use partial name if you are not sure about the spelling.
If you cannot find the consumer by name, you may type in any other available data to locate the consumer.
Consumer Last Name
doe
Consumer First Name
j
AKA or Other Information
Consumer ID
Social Security No.
Birth Date (mmddyy)
CSTS Case #
SEARCH
TIME-OUT IN: 59 Minutes, 46 Seconds
Internet

- Click the ***Select*** link to the right of the Consumer's information


Select a Consumer - Microsoft Internet Explorer
File Edit View Favorites Tools Help
TRAINING MODE
washtenaw community health organization
EnCompass
Back Home Logout Help messages
Select a Consumer
Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use partial name if you are not sure about the spelling.
If you cannot find the consumer by name, you may type in any other available data to locate the consumer.
Consumer Last Name
Consumer First Name
AKA or Other Information
WCHO Consumer ID
Social Security No.
SEARCH
1 Consumers
Last Name | First Name | WCHO Consumer ID | CSTS Case # | Social Security | Birth Date
Doe | John | 11 | | 123-45-6789 | 01/01/2001 | Select
TIME-OUT IN: 58 Minutes, 46 Seconds
Internet

- A list of the Consumer's SARF's will be displayed. Click on the ***View*** link to the right of the SARF.



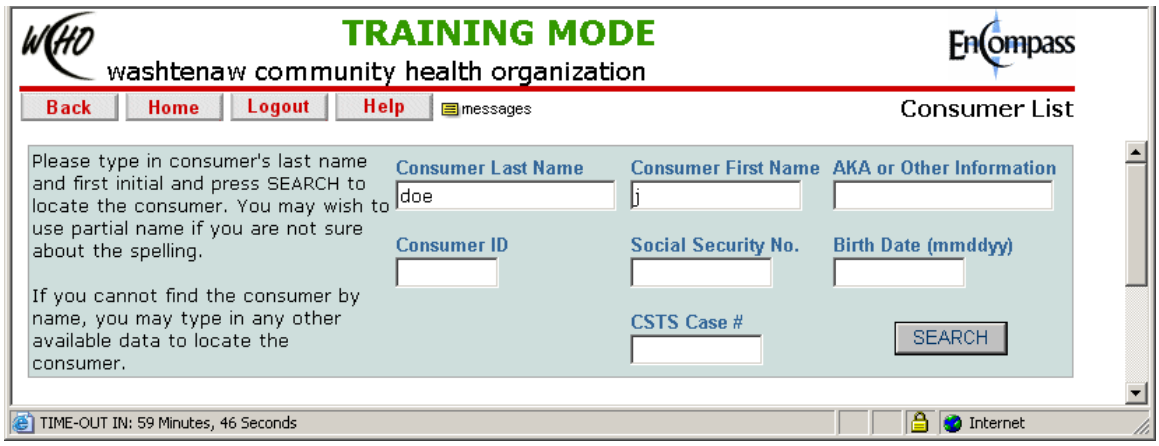

- The SARF will be displayed

## Submit Substance Abuse Forms

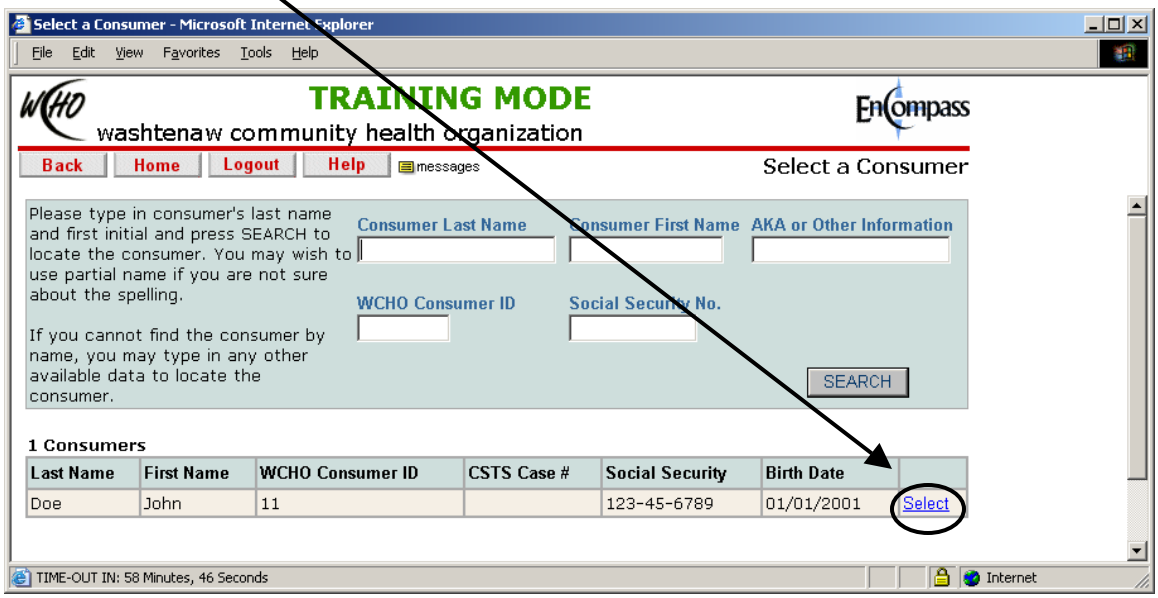
- Click on ***Submit Substance Abuse Admission Forms***

Service Provider Menu - Microsoft Internet Explorer
File Edit View Favorites Tools Help
TRAINING MODE
washtenaw community health organization
EnCompass
Home Logout Help messages
Service Provider Menu
Policy and Procedures
View Screening and Assessment Records
View Consumer Screening and Assessment Records +myPage
View Substance Abuse Referral Forms (SARF)
Work with substance abuse referral forms (SARF) +myPage
Submit Substance Abuse Admission Forms
Work with substance abuse admission forms +myPage
TIME-OUT IN: 59 Minutes, 52 Seconds
Internet

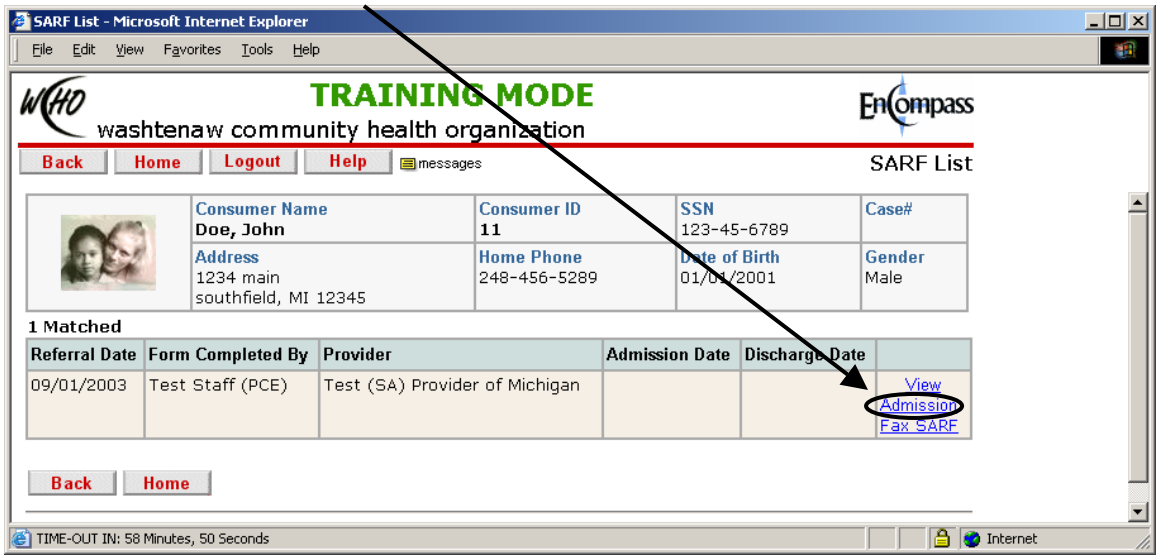
- Search for the Consumer, you may enter a partial name such as the first three letters of the last name and the first initial, and then click the SEARCH button.


TRAINING MODE
washtenaw community health organization
EnCompass
Back Home Logout Help messages
Consumer List
Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use partial name if you are not sure about the spelling.
If you cannot find the consumer by name, you may type in any other available data to locate the consumer.
Consumer Last Name
doe
Consumer First Name
j
AKA or Other Information
Consumer ID
Social Security No.
Birth Date (mmddyy)
CSTS Case #
SEARCH
TIME-OUT IN: 59 Minutes, 46 Seconds
Internet

- Click the ***Select*** link to the right of the Consumer's information


Select a Consumer - Microsoft Internet Explorer
File Edit View Favorites Tools Help
TRAINING MODE
washtenaw community health organization
EnCompass
Back Home Logout Help messages
Select a Consumer
Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use partial name if you are not sure about the spelling.
If you cannot find the consumer by name, you may type in any other available data to locate the consumer.
Consumer Last Name
Consumer First Name
AKA or Other Information
WCHO Consumer ID
Social Security No.
SEARCH
1 Consumers
Last Name | First Name | WCHO Consumer ID | CSTS Case # | Social Security | Birth Date
Doe | John | 11 | | 123-45-6789 | 01/01/2001 | Select
TIME-OUT IN: 58 Minutes, 46 Seconds
Internet

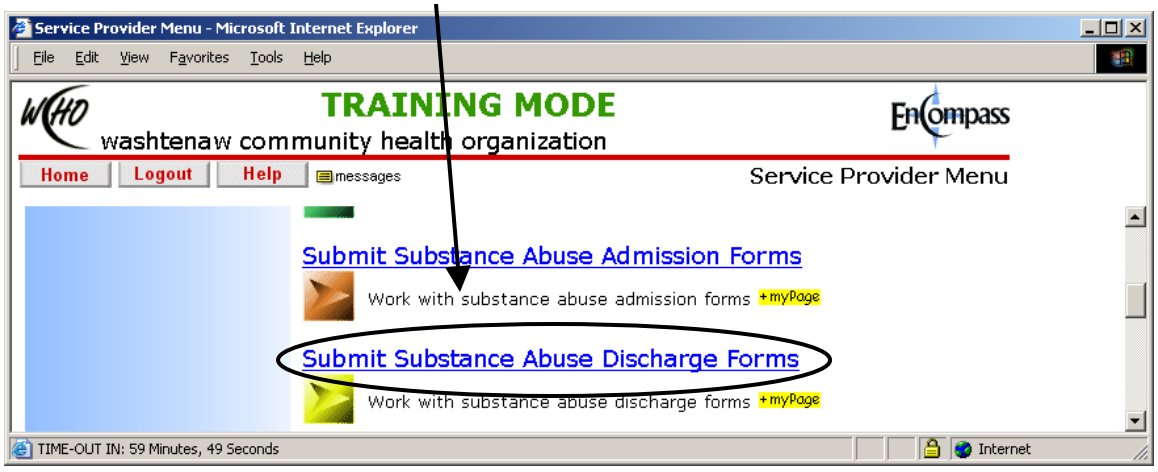
- Click on the ***Admission*** link to admit the SARF.



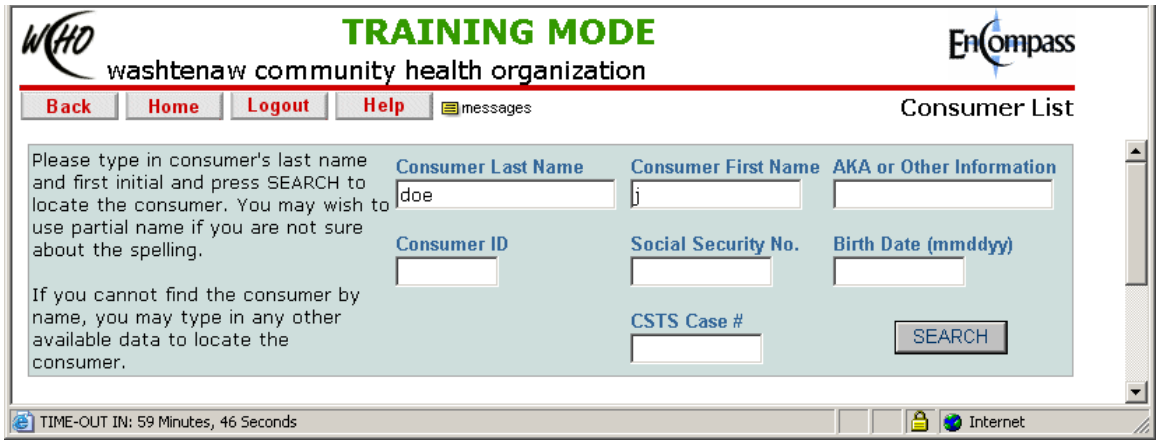

- Verify the SARF information and add any additional information needed. Once all of the admission information has been entered and verified, click the SAVE button.

## Submit Substance Abuse Discharge Forms

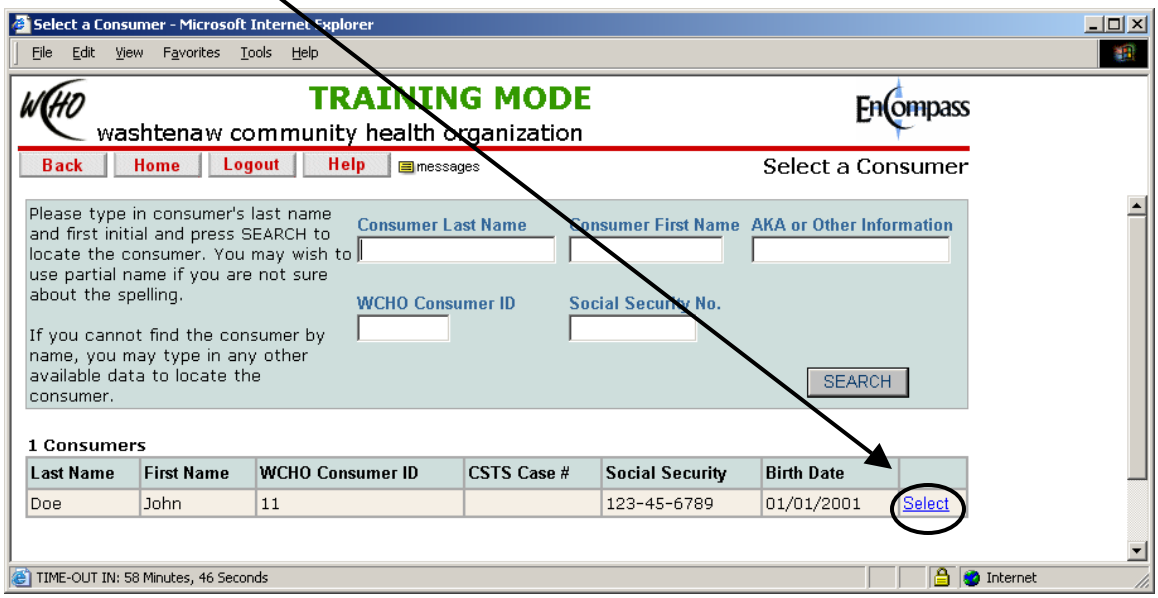
- Click on the ***Submit Substance Abuse Discharge Forms***


Service Provider Menu - Microsoft Internet Explorer
File Edit View Favorites Tools Help
TRAINING MODE
washtenaw community health organization
EnCompass
Home Logout Help messages
Service Provider Menu
Submit Substance Abuse Admission Forms
Work with substance abuse admission forms +myPage
Submit Substance Abuse Discharge Forms
Work with substance abuse discharge forms +myPage
TIME-OUT IN: 59 Minutes, 49 Seconds
Internet

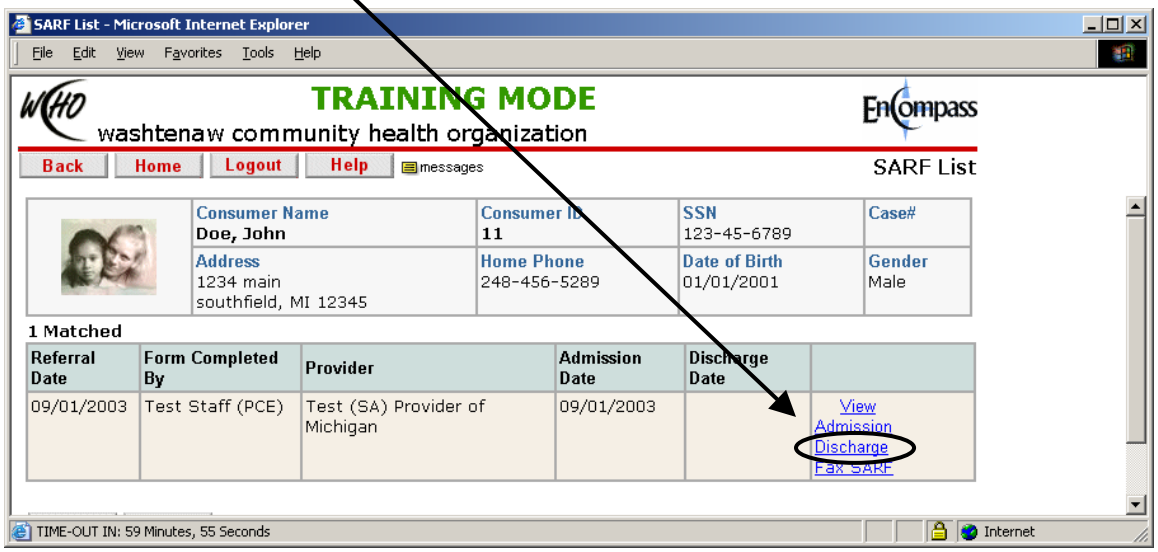
- Search for the Consumer, you may enter a partial name such as the first three letters of the last name and the first initial, and then click the SEARCH button.


TRAINING MODE
washtenaw community health organization
EnCompass
Back Home Logout Help messages
Consumer List
Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use partial name if you are not sure about the spelling.
If you cannot find the consumer by name, you may type in any other available data to locate the consumer.
Consumer Last Name
doe
Consumer First Name
j
AKA or Other Information
Consumer ID
Social Security No.
Birth Date (mmddyy)
CSTS Case #
SEARCH
TIME-OUT IN: 59 Minutes, 46 Seconds
Internet

- Click the ***Select*** link to the right of the Consumer's information


Select a Consumer - Microsoft Internet Explorer
File Edit View Favorites Tools Help
TRAINING MODE
washtenaw community health organization
EnCompass
Back Home Logout Help messages
Select a Consumer
Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use partial name if you are not sure about the spelling.
If you cannot find the consumer by name, you may type in any other available data to locate the consumer.
Consumer Last Name
Consumer First Name
AKA or Other Information
WCHO Consumer ID
Social Security No.
SEARCH
1 Consumers
Last Name | First Name | WCHO Consumer ID | CSTS Case # | Social Security | Birth Date
Doe | John | 11 | | 123-45-6789 | 01/01/2001 | Select
TIME-OUT IN: 58 Minutes, 46 Seconds
Internet

- Click on the ***Discharge*** link to the right of the Consumer's information.




- Verify the discharge information, enter the discharge date and reason for discharge. Once all of the discharge information has been entered, click the SAVE button.

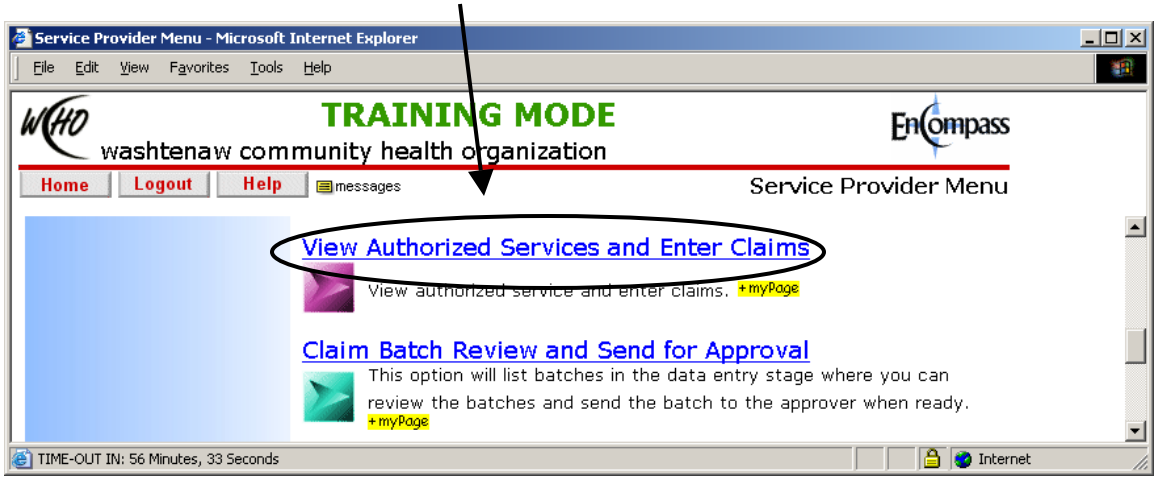
Section

5

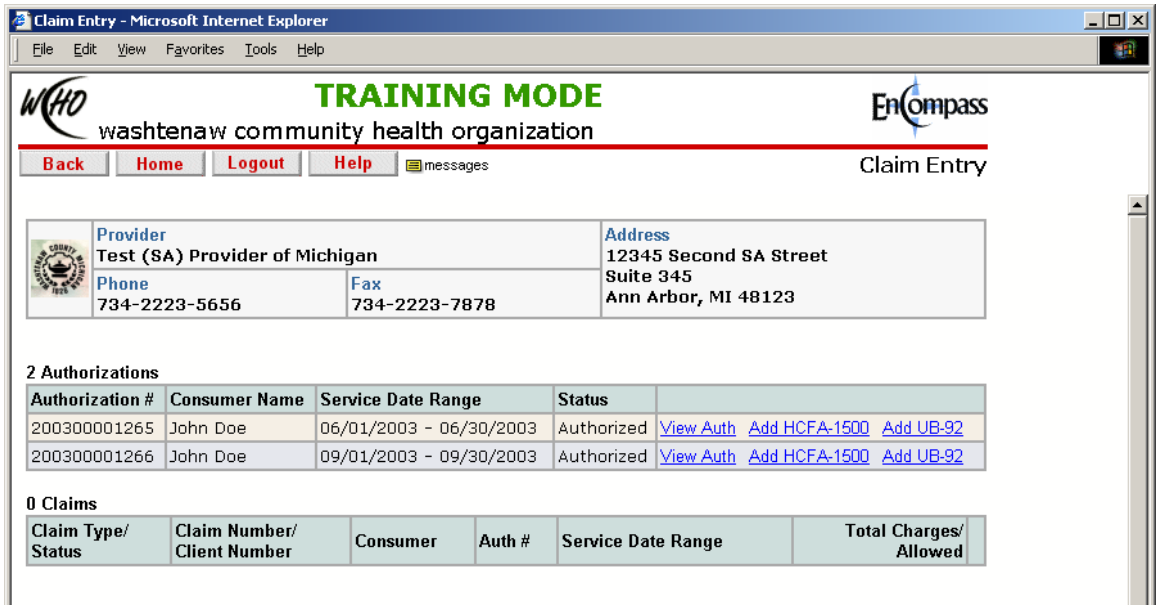
# Authorizations and Claims

## View Authorizations

- Click on ***View Authorized Services and Enter Claims***

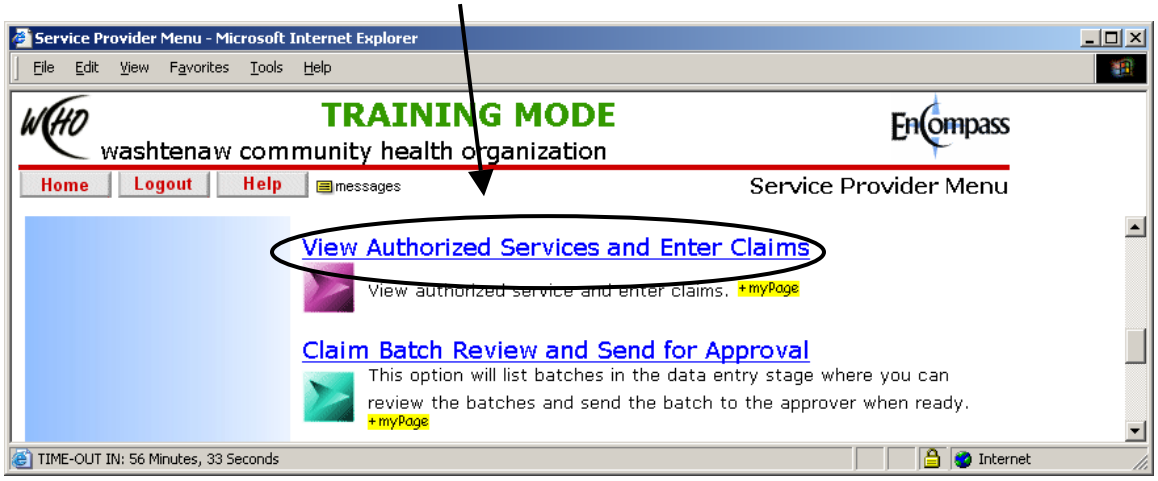

Service Provider Menu - Microsoft Internet Explorer
File Edit View Favorites Tools Help
TRAINING MODE
washtenaw community health organization
EnCompass
Home Logout Help messages
Service Provider Menu
View Authorized Services and Enter Claims
View authorized service and enter claims. +myPage
Claim Batch Review and Send for Approval
This option will list batches in the data entry stage where you can review the batches and send the batch to the approver when ready.
+myPage
TIME-OUT IN: 56 Minutes, 33 Seconds
Internet

- A list of all authorizations is displayed.

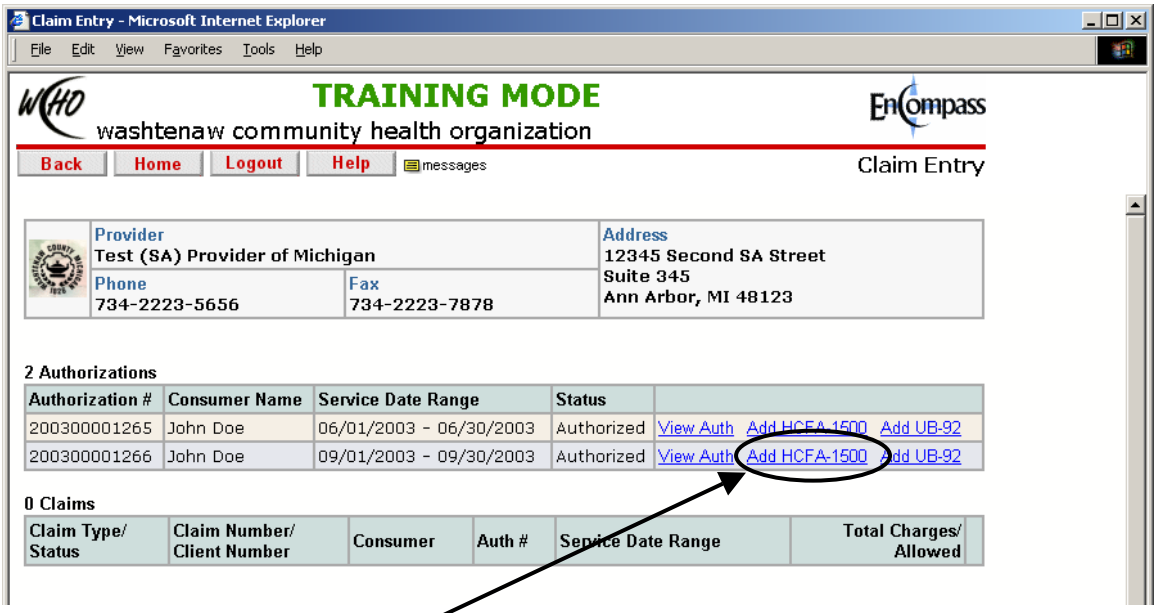

Claim Entry - Microsoft Internet Explorer
File Edit View Favorites Tools Help
TRAINING MODE
washtenaw community health organization
EnCompass
Back Home Logout Help messages
Claim Entry
Provider
Test (SA) Provider of Michigan
Address
12345 Second SA Street
Suite 345
Ann Arbor, MI 48123
Phone
734-2223-5656
Fax
734-2223-7878
2 Authorizations
Authorization # | Consumer Name | Service Date Range | Status
200300001265 | John Doe | 06/01/2003 - 06/30/2003 | Authorized | View Auth Add HCFA-1500 Add UB-92
200300001266 | John Doe | 09/01/2003 - 09/30/2003 | Authorized | View Auth Add HCFA-1500 Add UB-92
0 Claims
Claim Type/ Status | Claim Number/ Client Number | Consumer | Auth # | Service Date Range | Total Charges/ Allowed

## Submit Claims

- Click on ***View Authorized Services and Enter Claims***


Service Provider Menu - Microsoft Internet Explorer
File Edit View Favorites Tools Help
TRAINING MODE
washtenaw community health organization
EnCompass
Home Logout Help messages
Service Provider Menu
View Authorized Services and Enter Claims
View authorized service and enter claims. +myPage
Claim Batch Review and Send for Approval
This option will list batches in the data entry stage where you can review the batches and send the batch to the approver when ready.
+myPage
TIME-OUT IN: 56 Minutes, 33 Seconds
Internet

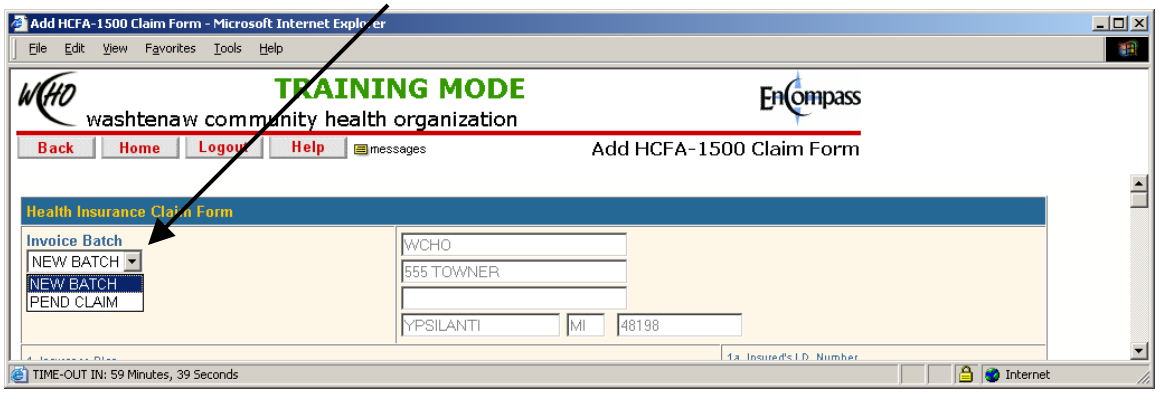
- A list of all authorizations is displayed.


Claim Entry - Microsoft Internet Explorer
File Edit View Favorites Tools Help
TRAINING MODE
washtenaw community health organization
EnCompass
Back Home Logout Help messages
Claim Entry
Provider
Test (SA) Provider of Michigan
Address
12345 Second SA Street
Suite 345
Ann Arbor, MI 48123
Phone
734-2223-5656
Fax
734-2223-7878
2 Authorizations
Authorization # | Consumer Name | Service Date Range | Status
200300001265 | John Doe | 06/01/2003 - 06/30/2003 | Authorized | View Auth Add HCFA-1500 Add UB-92
200300001266 | John Doe | 09/01/2003 - 09/30/2003 | Authorized | View Auth Add HCFA-1500 Add UB-92
0 Claims
Claim Type/ Status | Claim Number/ Client Number | Consumer | Auth # | Service Date Range | Total Charges/ Allowed

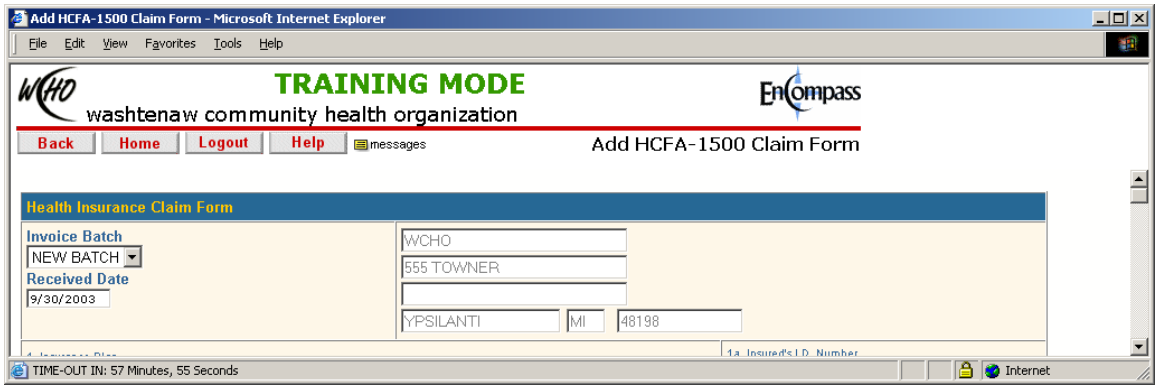
<u>To Add a HCFA-1500</u>

- Click on the ***Add HFCA-1500*** link to the right of the authorization you wish to submit a claim against.

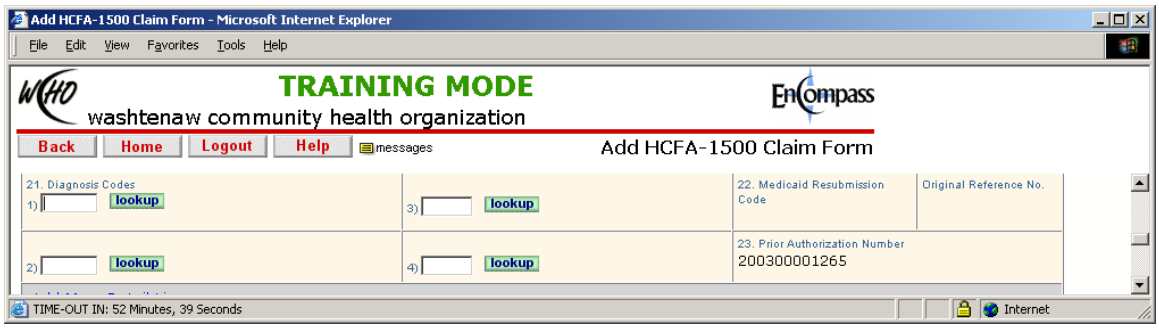
- Use the drop down menu to select the batch that this claim will belong to. If you do not wish to include this claim is a batch at this time select PEND CLAIM from the drop down menu.



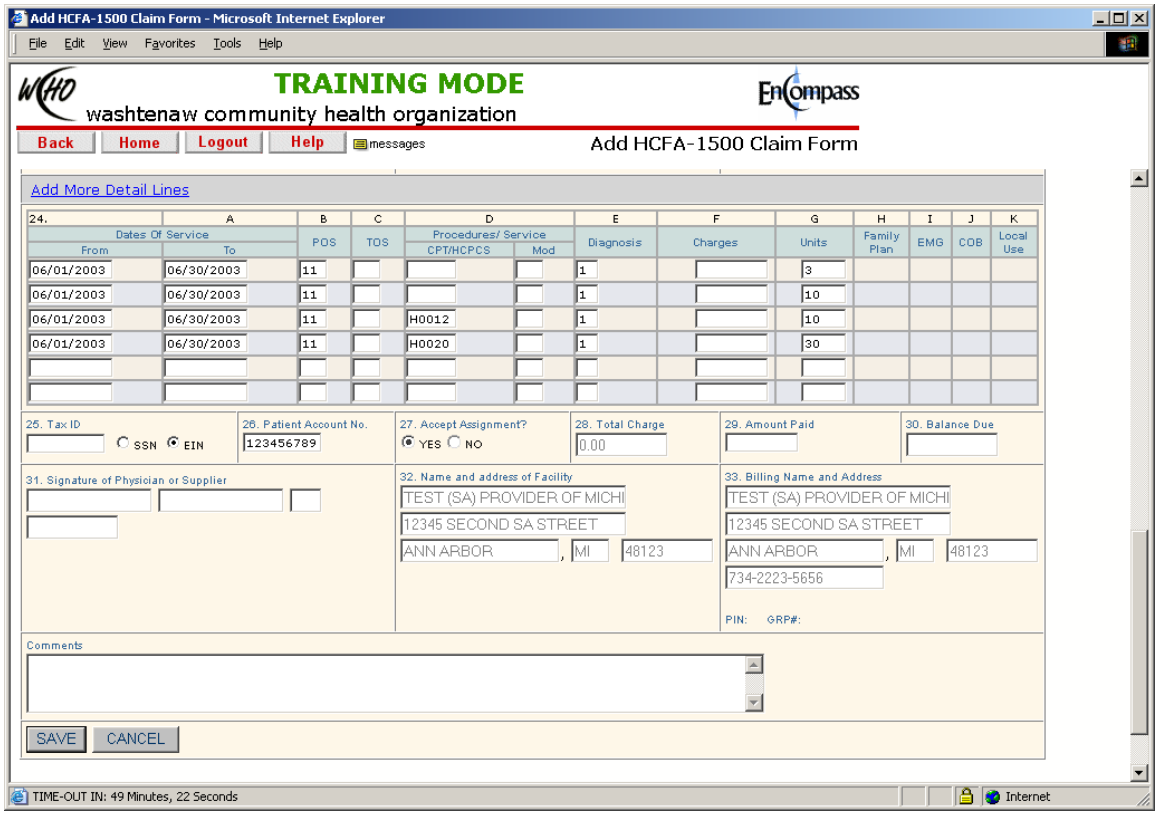

- Enter the received date



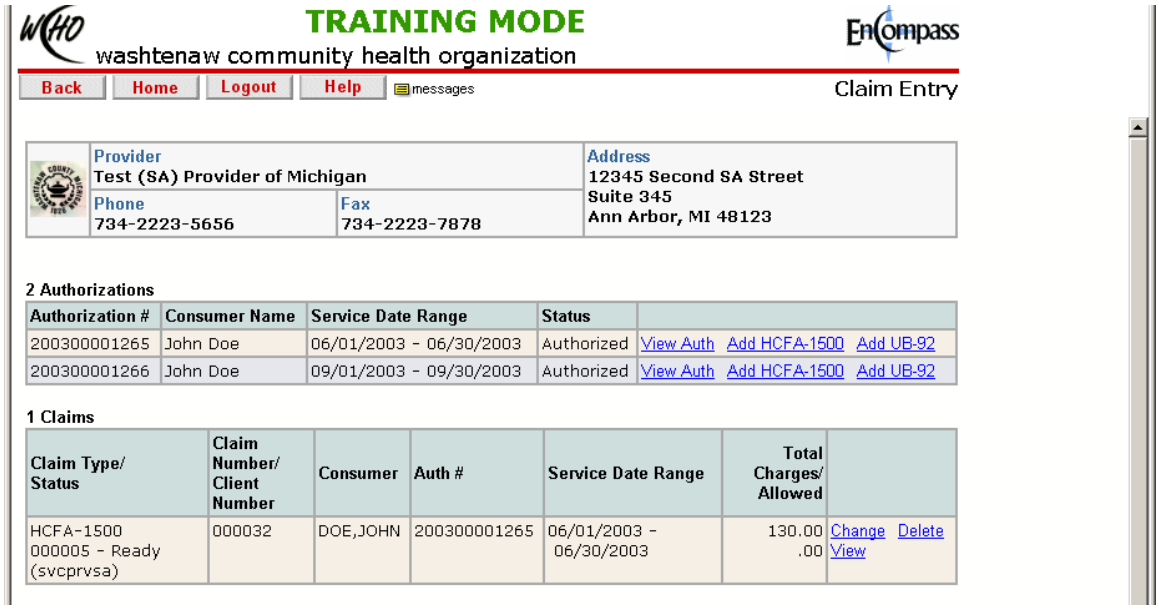

- Scroll to the bottom of the screen and enter the diagnosis. You may type in the diagnosis code or use the lookup button to search the diagnosis code database. Please see the end of this Section to see further instructions on using the lookup button.



- Continue to scroll, enter the detail lines. If you need additional detail lines click on the ***Add More Detail Lines***


Add HCFA-1500 Claim Form - Microsoft Internet Explorer
File Edit View Favorites Tools Help
TRAINING MODE
washtenaw community health organization
EnCompass
Back Home Logout Help messages
Add HCFA-1500 Claim Form
Add More Detail Lines
24. A Dates Of Service From To | B POS | C TOS | D Procedures/ Service CPT/HCPCS Mod | E Diagnosis | F Charges | G Units | H Family Plan | I EMG | J COB | K Local Use
06/01/2003 06/30/2003 11 1 3
06/01/2003 06/30/2003 11 1 10
06/01/2003 06/30/2003 11 H0012 1 10
06/01/2003 06/30/2003 11 H0020 1 30
25. Tax ID SSN EIN
26. Patient Account No. 123456789
27. Accept Assignment? YES NO
28. Total Charge 0.00
29. Amount Paid
30. Balance Due
31. Signature of Physician or Supplier
32. Name and address of Facility TEST (SA) PROVIDER OF MICHI 12345 SECOND SA STREET ANN ARBOR , MI 48123
33. Billing Name and Address TEST (SA) PROVIDER OF MICHI 12345 SECOND SA STREET ANN ARBOR , MI 48123 734-2223-5656 PIN: GRP#:
Comments
SAVE CANCEL
TIME-OUT IN: 49 Minutes, 22 Seconds
Internet

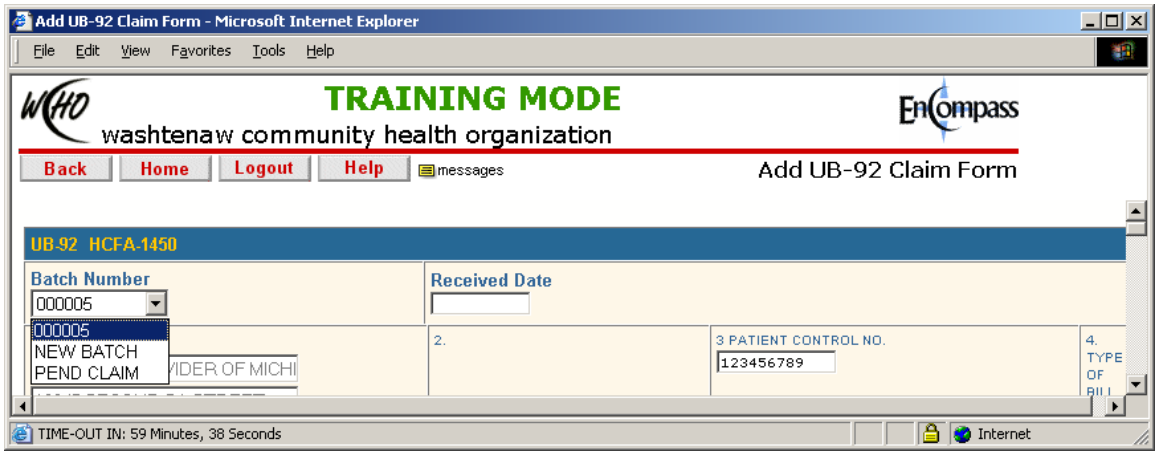
- Once all of the claim information is entered, click the SAVE button.
- The Claim is now displayed. If you indicated that this claim is part of a new batch, the system will assign a batch number to the claim.


TRAINING MODE
washtenaw community health organization
EnCompass
Back Home Logout Help messages
Claim Entry
Provider
Test (SA) Provider of Michigan
Phone
734-2223-5656
Fax
734-2223-7878
Address
12345 Second SA Street
Suite 345
Ann Arbor, MI 48123
2 Authorizations
Authorization # | Consumer Name | Service Date Range | Status
200300001265 John Doe 06/01/2003 - 06/30/2003 Authorized View Auth Add HCFA-1500 Add UB-92
200300001266 John Doe 09/01/2003 - 09/30/2003 Authorized View Auth Add HCFA-1500 Add UB-92
1 Claims
Claim Type/ Status | Claim Number/ Client Number | Consumer | Auth # | Service Date Range | Total Charges/ Allowed
HCFA-1500 000005 - Ready (svcprvsa) 000032 DOE,JOHN 200300001265 06/01/2003 - 06/30/2003 130.00 .00 Change Delete View

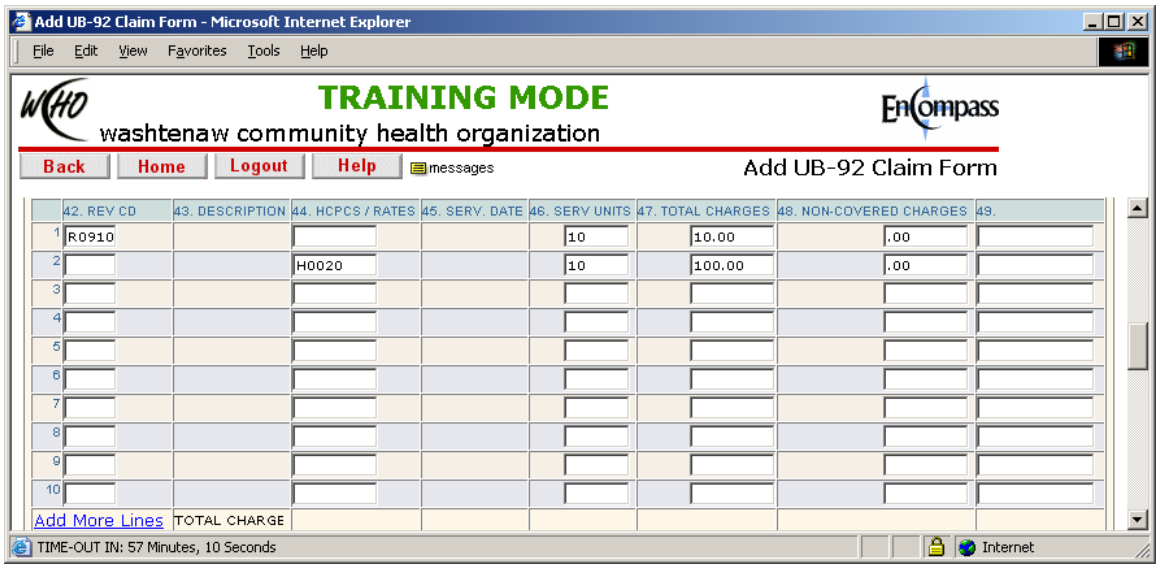
- You may change or delete claim until it is sent to WCHO for approval, adjudication and payment.

## Add a UB-92

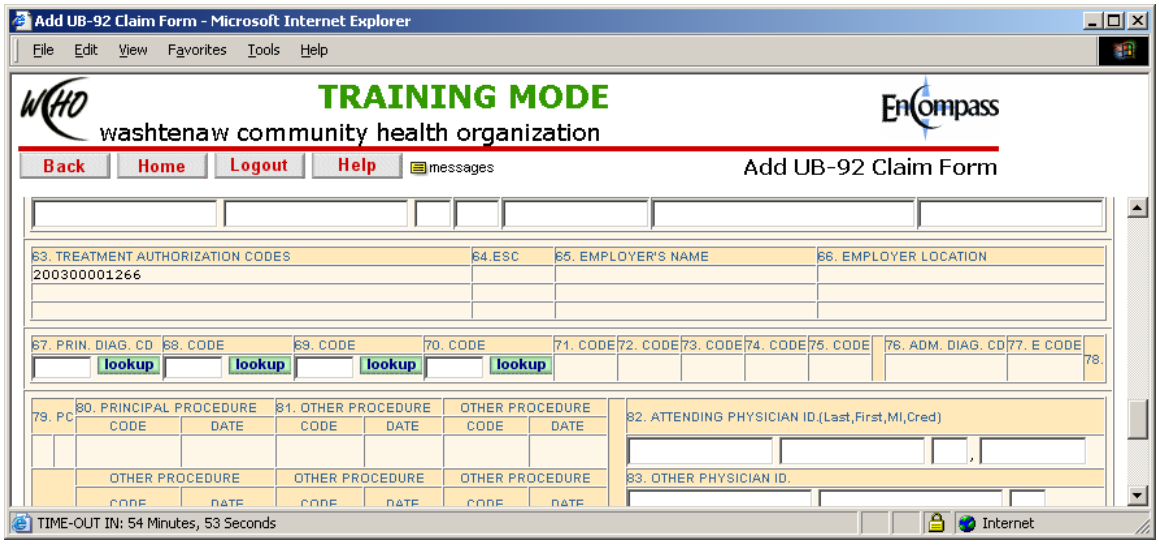
- Click on the ***Add UB-92*** link to the right of the authorization you are entering a claim against.
- Use the drop down menu to select the batch that this claim will belong to. If you do not wish to include this claim is a batch at this time select PEND CLAIM from the drop down menu. Enter a received date.



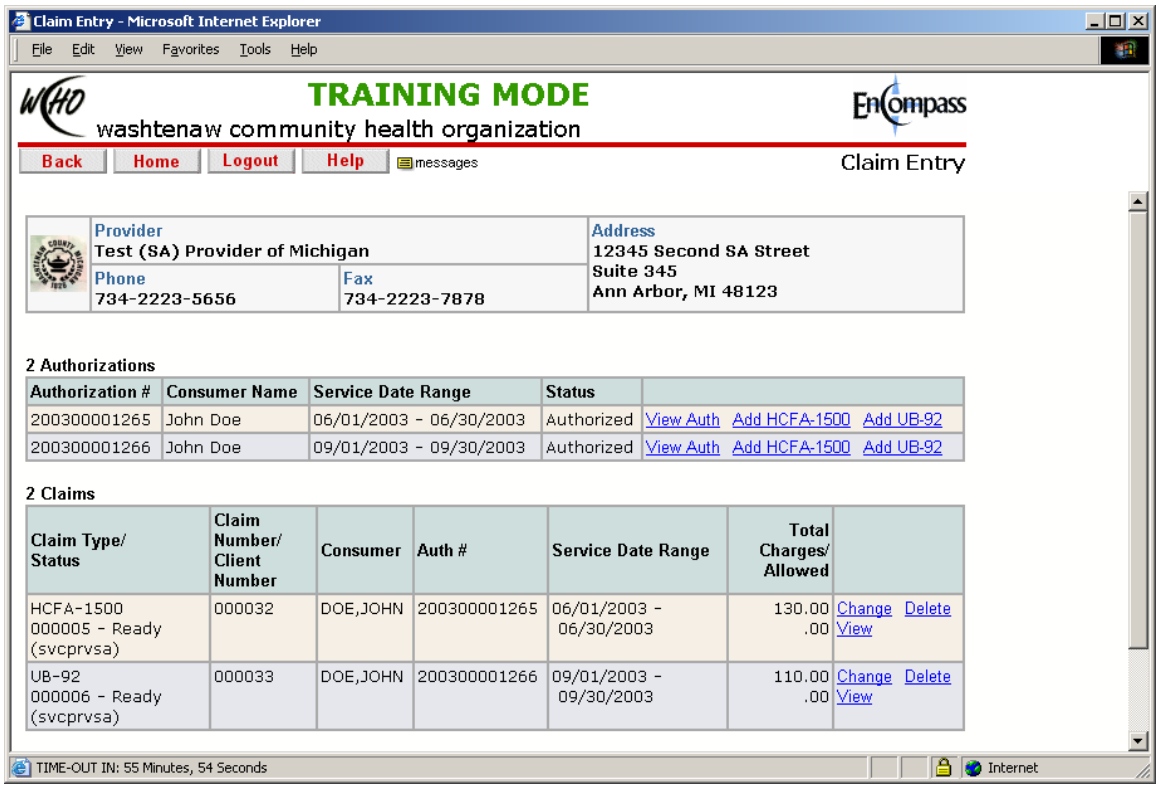

- Scroll down; enter the detail lines for the claim. If you need more detail lines, click the ***Add More Lines*** link.



- Continue to scroll down; enter the Consumer's diagnosis code. You may type in the diagnosis code or use the lookup button to search the diagnosis code database. Please see the end of this Section to see further instructions on using the lookup button.



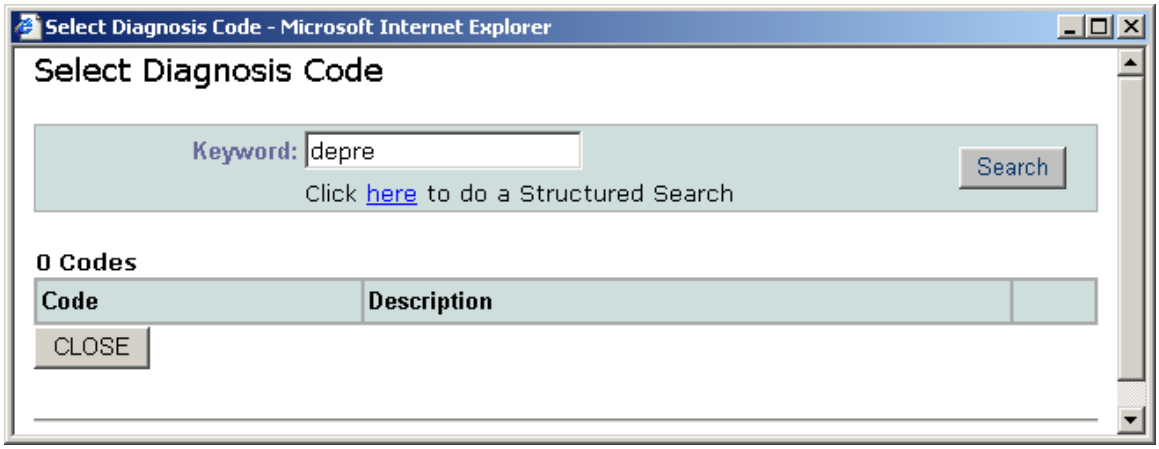

- Once all of the information has been entered, click the SAVE button.
- The Claim is now displayed. If you indicated that this claim is part of a new batch, the system will assign a batch number to the claim.


Claim Entry - Microsoft Internet Explorer
File Edit View Favorites Tools Help
TRAINING MODE
washtenaw community health organization
EnCompass
Back Home Logout Help messages
Claim Entry
Provider
Test (SA) Provider of Michigan
Address
12345 Second SA Street
Suite 345
Ann Arbor, MI 48123
Phone
734-2223-5656
Fax
734-2223-7878
2 Authorizations
Authorization # | Consumer Name | Service Date Range | Status
200300001265 | John Doe | 06/01/2003 - 06/30/2003 | Authorized | View Auth Add HCFA-1500 Add UB-92
200300001266 | John Doe | 09/01/2003 - 09/30/2003 | Authorized | View Auth Add HCFA-1500 Add UB-92
2 Claims
Claim Type/ Status | Claim Number/ Client Number | Consumer | Auth # | Service Date Range | Total Charges/ Allowed
HCFA-1500 000005 - Ready (svcprvsa) | 000032 | DOE,JOHN | 200300001265 | 06/01/2003 - 06/30/2003 | 130.00 .00 | Change Delete View
UB-92 000006 - Ready (svcprvsa) | 000033 | DOE,JOHN | 200300001266 | 09/01/2003 - 09/30/2003 | 110.00 .00 | Change Delete View
TIME-OUT IN: 55 Minutes, 54 Seconds
Internet

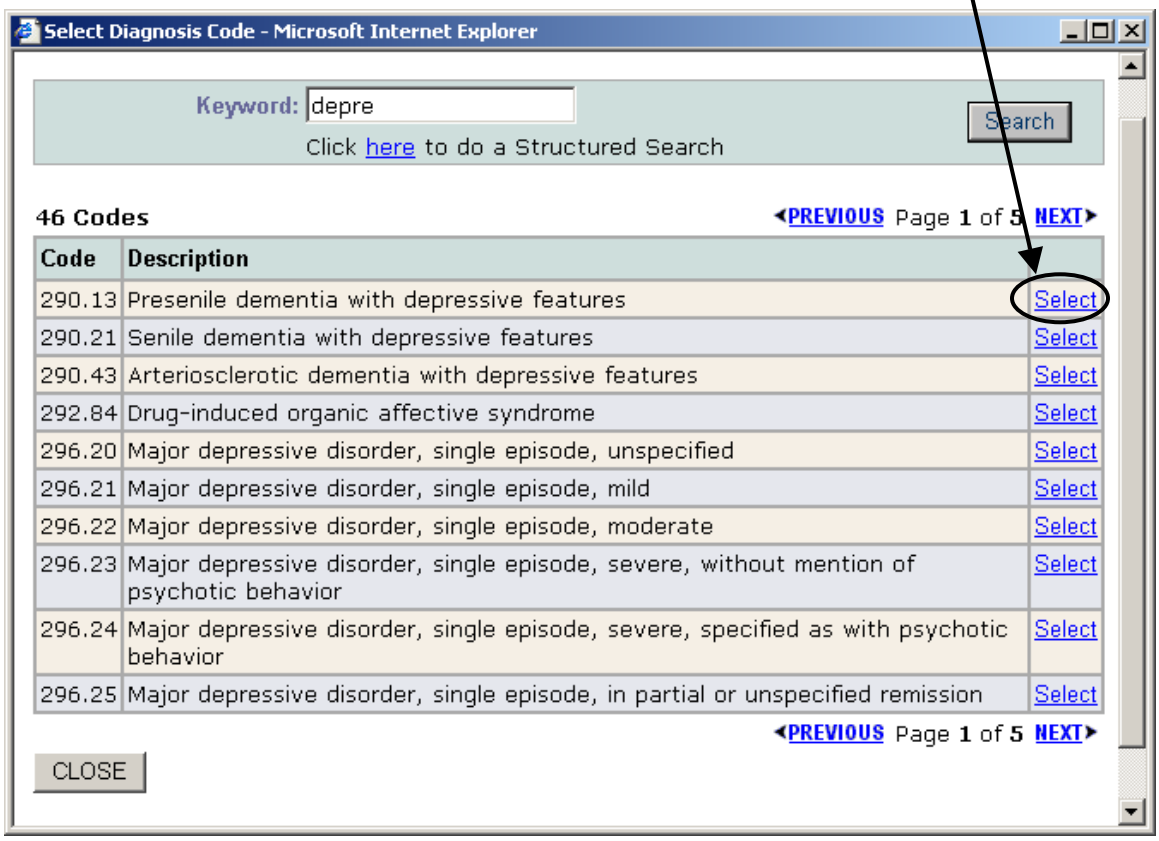
- You may change or delete claim until it is sent to WCHO for approval, adjudication and payment.

## Using the Diagnosis Code Lookup Button

- Click on the Lookup button
- Search for the diagnosis code by entering the partial name of the diagnosis and click the SEARCH button. For example, to search for a depression diagnosis type "depre" in the field provided (see below)




- Any diagnosis matching the keyword will appear, use the ***Previous*** and ***Next*** links to change pages. Once you have found the correct diagnosis, click the ***Select*** link to the right of the diagnosis information.

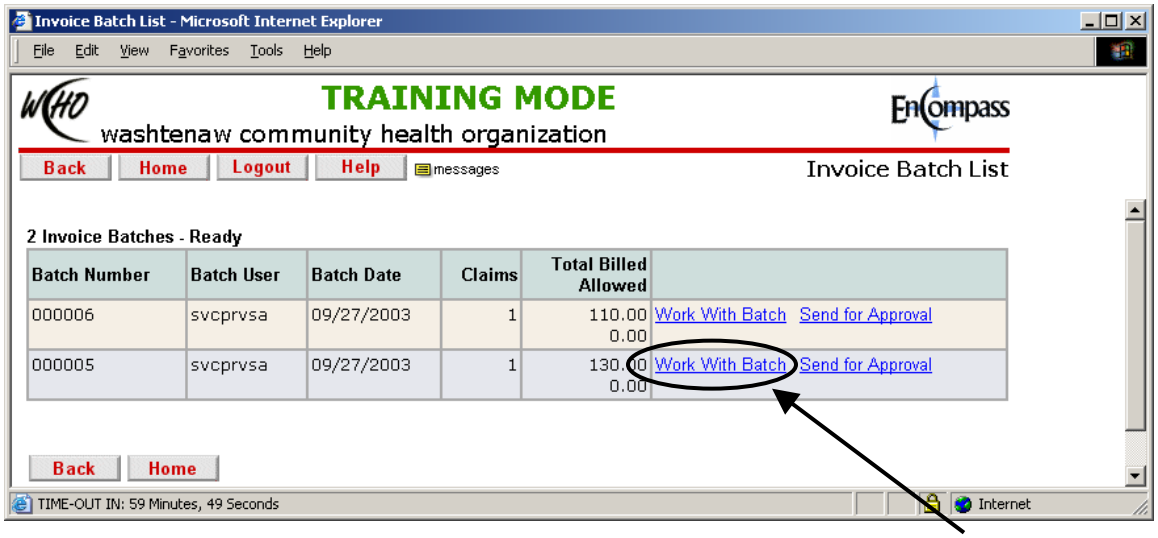

Select Diagnosis Code - Microsoft Internet Explorer
Keyword: depre
Search
Click here to do a Structured Search
46 Codes
PREVIOUS Page 1 of 5 NEXT
Code
Description
290.13 Presenile dementia with depressive features Select
290.21 Senile dementia with depressive features Select
290.43 Arteriosclerotic dementia with depressive features Select
292.84 Drug-induced organic affective syndrome Select
296.20 Major depressive disorder, single episode, unspecified Select
296.21 Major depressive disorder, single episode, mild Select
296.22 Major depressive disorder, single episode, moderate Select
296.23 Major depressive disorder, single episode, severe, without mention of psychotic behavior Select
296.24 Major depressive disorder, single episode, severe, specified as with psychotic behavior Select
296.25 Major depressive disorder, single episode, in partial or unspecified remission Select
PREVIOUS Page 1 of 5 NEXT
CLOSE

## Claim Batch Review and Send for Approval

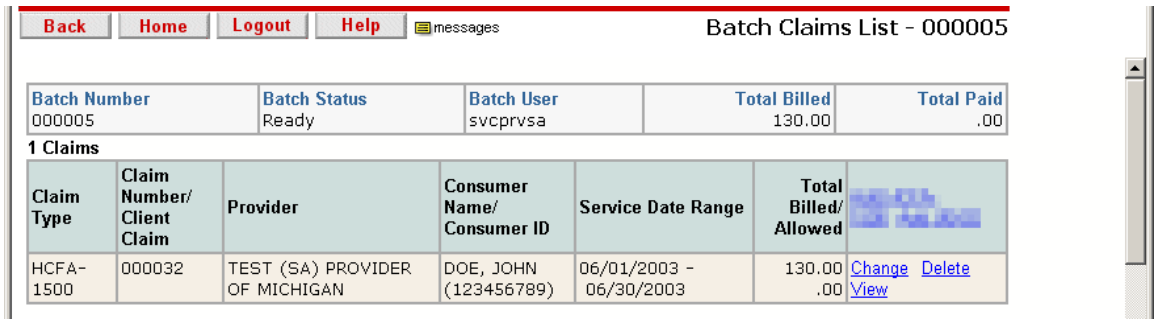
- Click on ***Claim Batch Review and Send for Approval***

Service Provider Menu - Microsoft Internet Explorer
File Edit View Favorites Tools Help
TRAINING MODE
washtenaw community health organization
EnCompass
Home Logout Help messages
Service Provider Menu
View Authorized Services and Enter Claims
View authorized service and enter claims. +myPage
Claim Batch Review and Send for Approval
This option will list batches in the data entry stage where you can review the batches and send the batch to the approver when ready.
+myPage
TIME-OUT IN: 56 Minutes, 33 Seconds
Internet

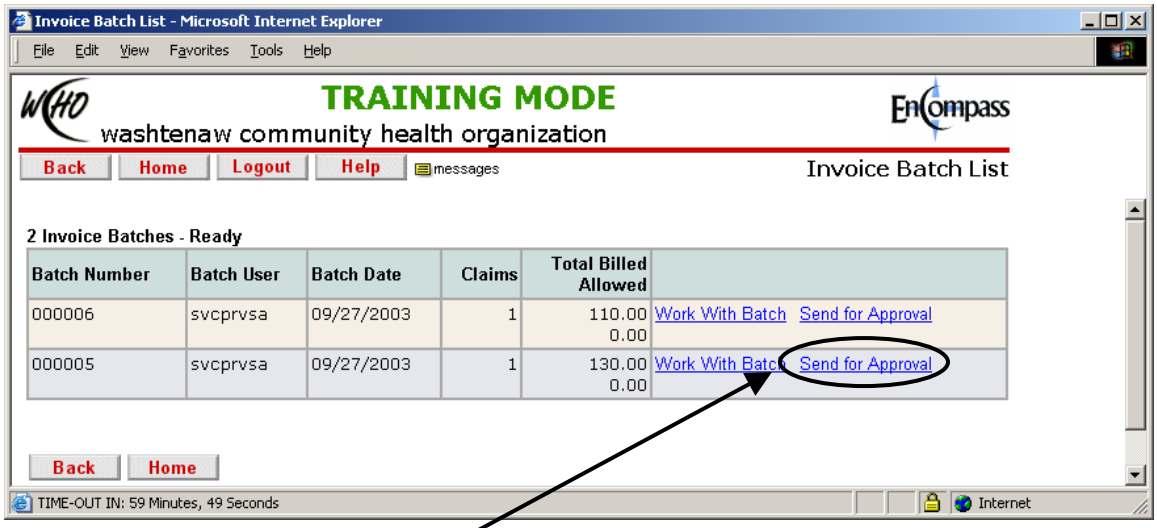
- Any existing batches that have not been sent to WCHO for approval will be displayed.


Invoice Batch List - Microsoft Internet Explorer
File Edit View Favorites Tools Help
TRAINING MODE
washtenaw community health organization
EnCompass
Back Home Logout Help messages
Invoice Batch List
2 Invoice Batches - Ready
Batch Number | Batch User | Batch Date | Claims | Total Billed Allowed
000006 | svcprvsa | 09/27/2003 | 1 | 110.00 0.00 | Work With Batch Send for Approval
000005 | svcprvsa | 09/27/2003 | 1 | 130.00 0.00 | Work With Batch Send for Approval
Back Home
TIME-OUT IN: 59 Minutes, 49 Seconds
Internet

- To view the claims that are included in the batch click on the ***Work with Batch*** link.
- A listing of all the claims included in the batch will be displayed. Use the ***Change*** or ***Delete*** links to edit or remove the claims.


Back Home Logout Help messages
Batch Claims List - 000005
Batch Number 000005 | Batch Status Ready | Batch User svcprvsa | Total Billed 130.00 | Total Paid .00
1 Claims
Claim Type | Claim Number/ Client Claim | Provider | Consumer Name/ Consumer ID | Service Date Range | Total Billed/ Allowed
HCFA-1500 | 000032 | TEST (SA) PROVIDER OF MICHIGAN | DOE, JOHN (123456789) | 06/01/2003 - 06/30/2003 | 130.00 .00 | Change Delete View

- Once the claims have been reviewed, click on the BACK button to return to the send approval screen.


Invoice Batch List - Microsoft Internet Explorer
File Edit View Favorites Tools Help
TRAINING MODE
washtenaw community health organization
EnCompass
Back Home Logout Help messages
Invoice Batch List
2 Invoice Batches - Ready
Batch Number
Batch User
Batch Date
Claims
Total Billed
Allowed
000006 svcprvsa 09/27/2003 1 110.00 0.00 Work With Batch Send for Approval
000005 svcprvsa 09/27/2003 1 130.00 0.00 Work With Batch Send for Approval
Back Home
TIME-OUT IN: 59 Minutes, 49 Seconds
Internet

- Click on the ***Send for Approval*** link to send the batch to WCHO for approval, adjudication and payment.

Section

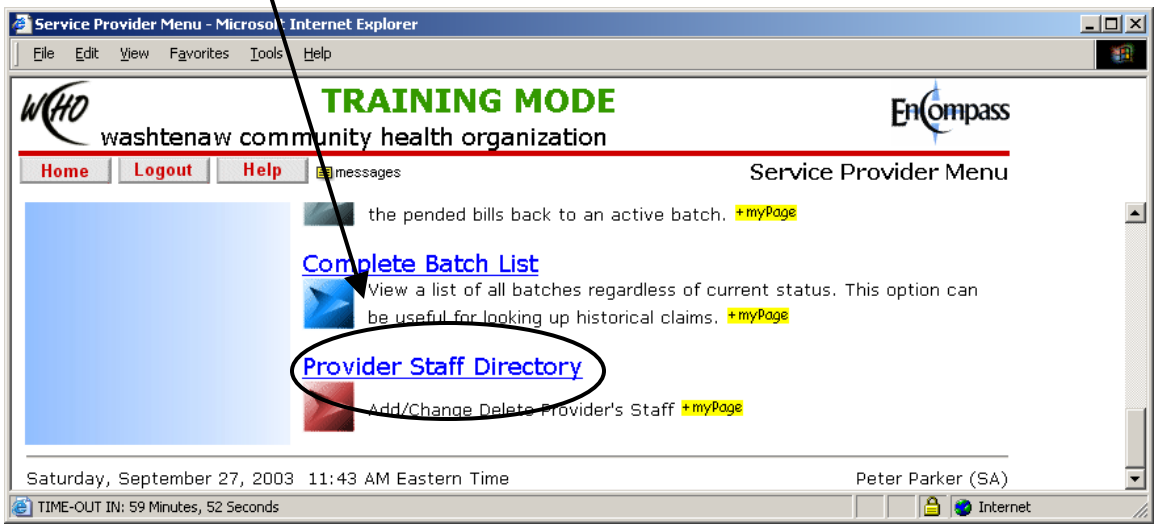
6

# Provider Staff Directory

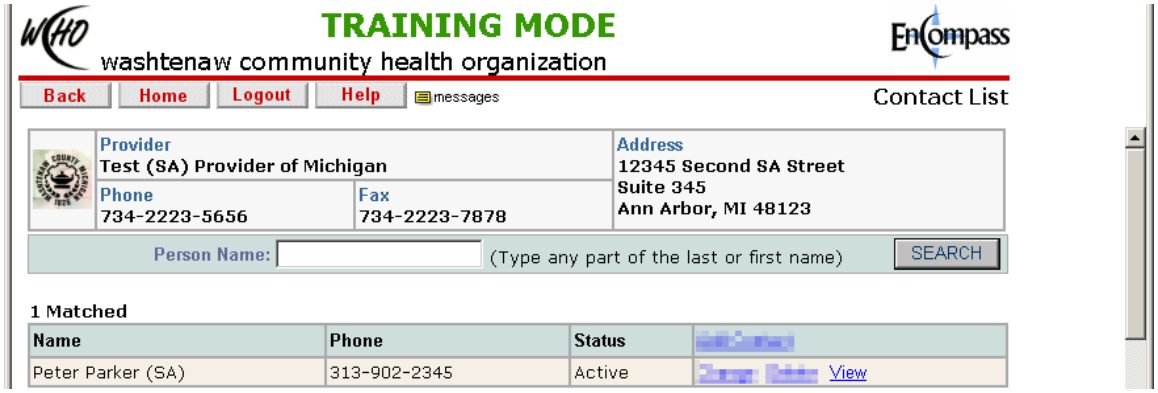
The Provider Directory is a list of the Provider's Staff members that have access to the Encompass system. System Administrators will use the Staff Directory to add additional Users to the database.

## View Staff Directory

- Click on ***Provider Staff Directory***


Service Provider Menu - Microsoft Internet Explorer
File Edit View Favorites Tools Help
TRAINING MODE
washtenaw community health organization
EnCompass
Home Logout Help messages
Service Provider Menu
the pended bills back to an active batch. +myPage
Complete Batch List
View a list of all batches regardless of current status. This option can be useful for looking up historical claims. +myPage
Provider Staff Directory
Add/Change Delete Provider's Staff +myPage
Saturday, September 27, 2003 11:43 AM Eastern Time
Peter Parker (SA)
TIME-OUT IN: 59 Minutes, 52 Seconds
Internet

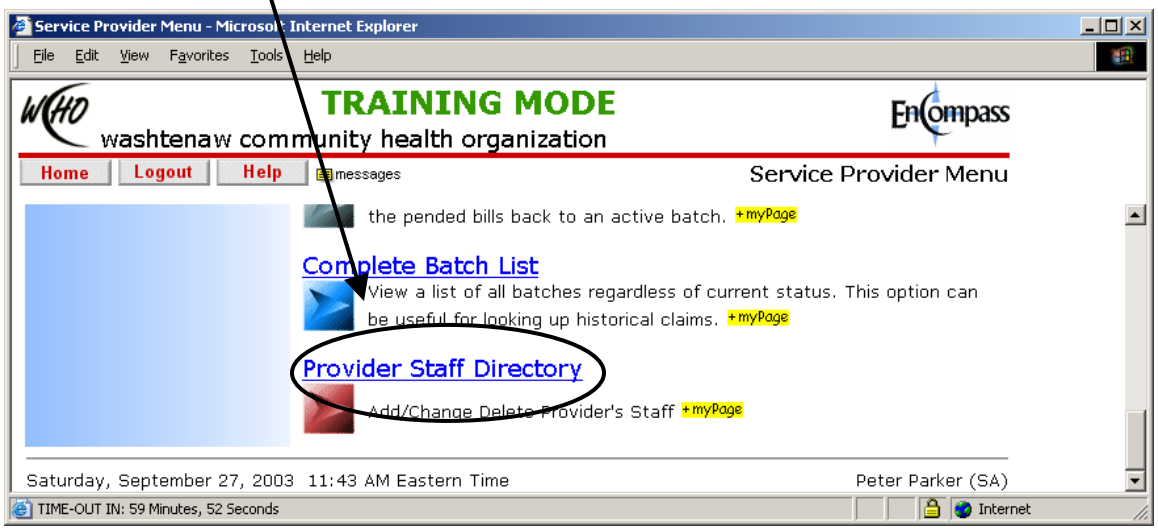
- A listing of the Provider Staff Members with access to Encompass will be displayed



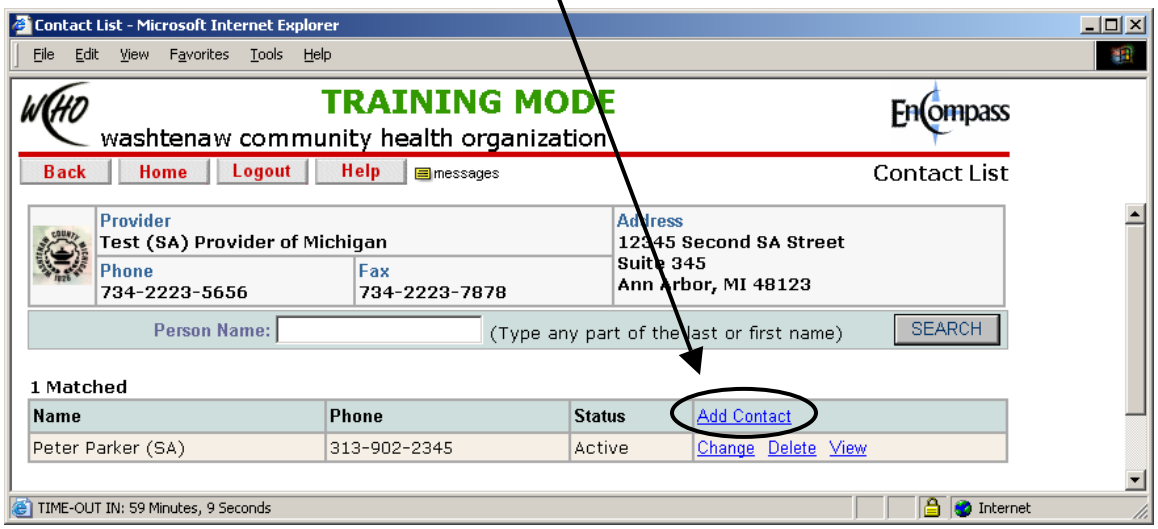
- Click on the ***View*** link to view the details of the Staff Member, such as licensing and credentials.

## Add a Staff Member (Contact)

- Click on ***Provider Staff Directory***


Service Provider Menu - Microsoft Internet Explorer
File Edit View Favorites Tools Help
TRAINING MODE
washtenaw community health organization
Encompass
Home Logout Help messages
Service Provider Menu
the pended bills back to an active batch. +myPage
Complete Batch List
View a list of all batches regardless of current status. This option can be useful for looking up historical claims. +myPage
Provider Staff Directory
Add/Change Delete Provider's Staff +myPage
Saturday, September 27, 2003 11:43 AM Eastern Time
Peter Parker (SA)
TIME-OUT IN: 59 Minutes, 52 Seconds
Internet

- To avoid entering a duplicate record, search the Staff Member database before adding a new Staff record. If your search does not return any results, it is safe to enter a new record, click on the ***Add Contact*** link.




- Enter the following information about the Staff Member
  - Name
  - Contact Information – phone, fax numbers and email address
  - Job Information – department, job title, hire date, and job functions
  - ORR Training – dates of initial and last OOR training dates
  - Credentials – Use the drop down menu to select educational degree, discipline, and billing type.

- License – Use the drop down menu to select license type, enter the license number, license name, State, and expiration date.
- User ID – Enter the Staff Members User ID.

- Once all of the Staff Member information has been entered, click the SAVE Button
- The new Staff Member will now appear in the directory and a User ID has been added.

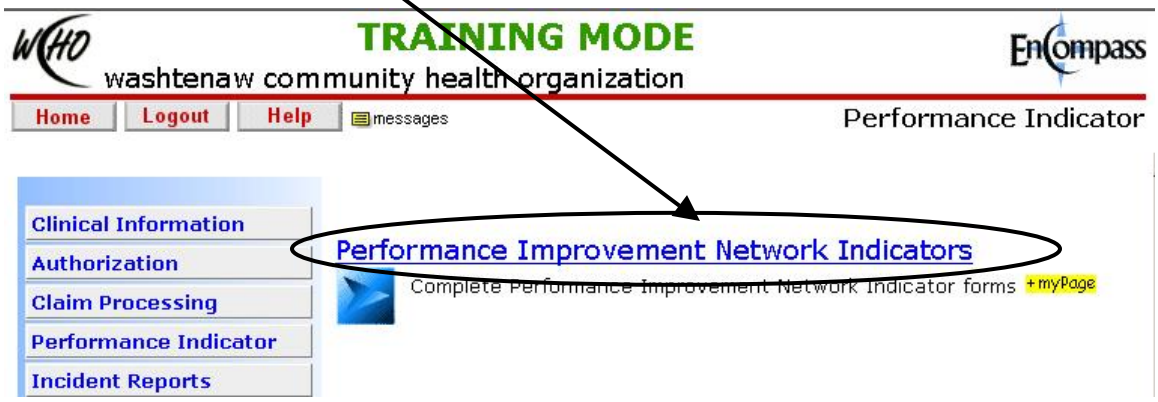
Section

7

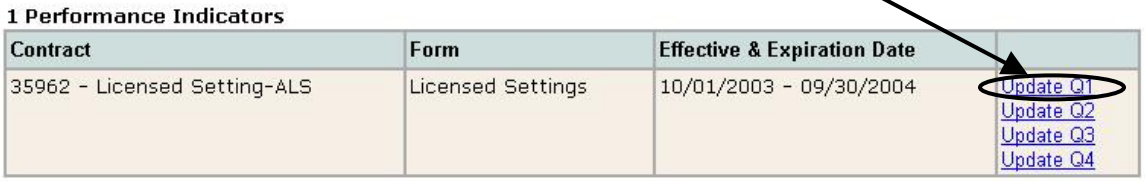
# Performance Improvement Network Indicators

**Step 1:** Click on ***Performance Indicator*** button.

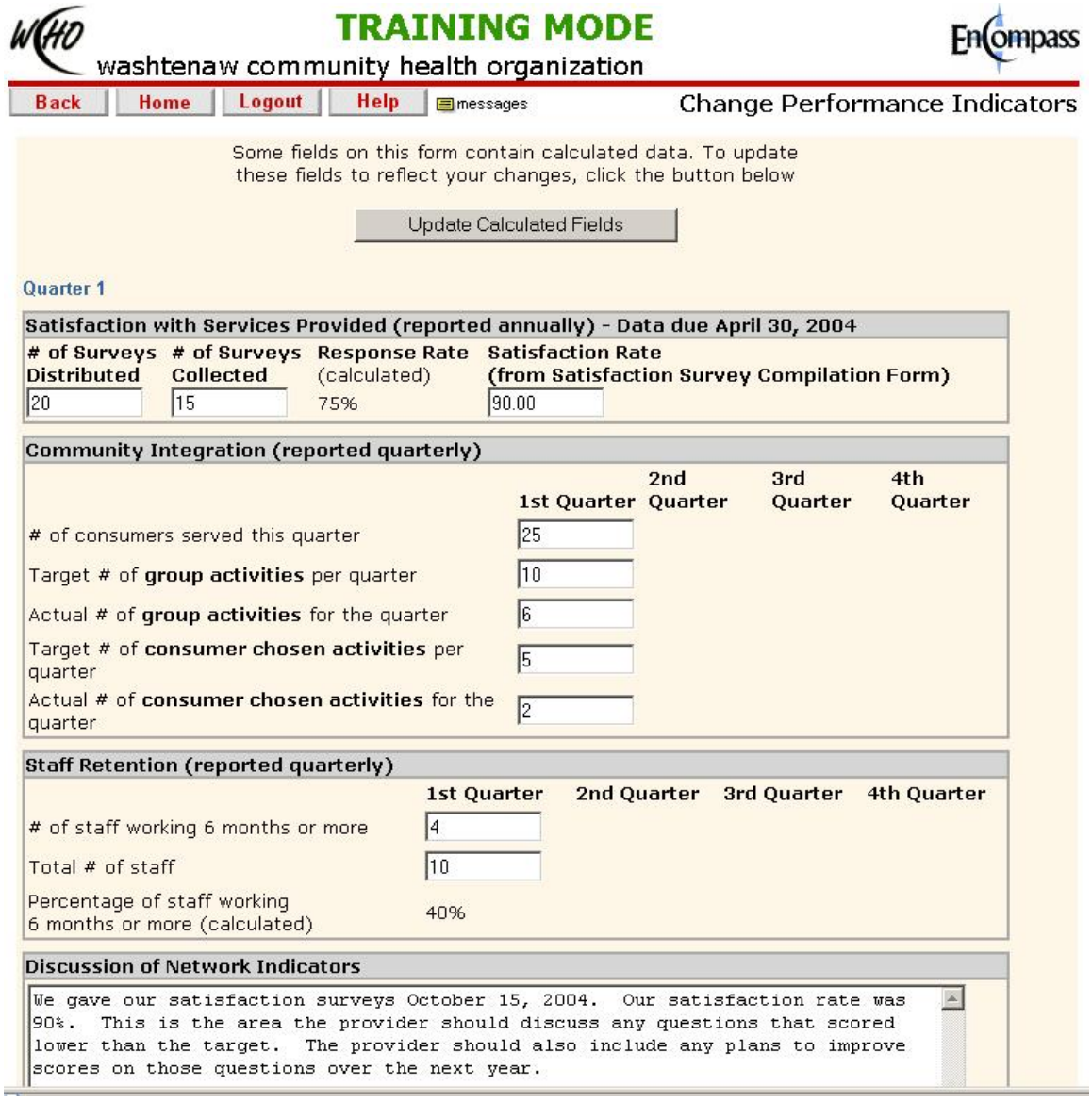
**Step 2:** Click on ***Performance Improvement Network Indicators*** to submit performance Improvement Data.



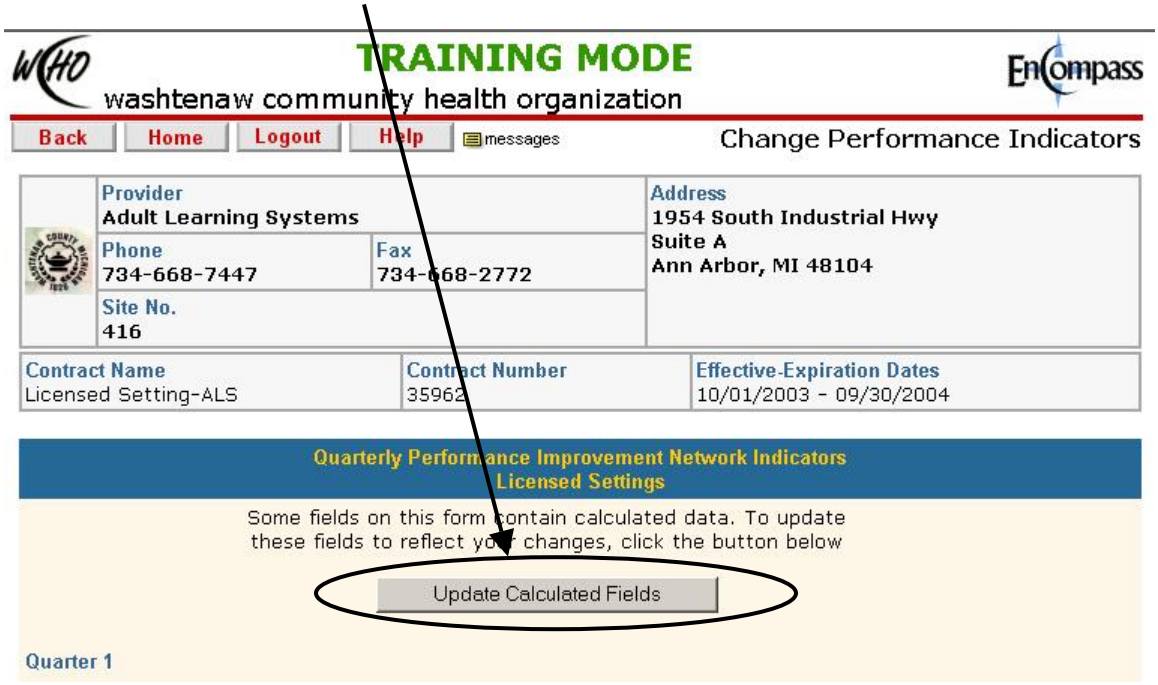

**Step 3:** Choose the quarter you wish to update (1, 2, 3 or 4). Click on the quarter you are updating.



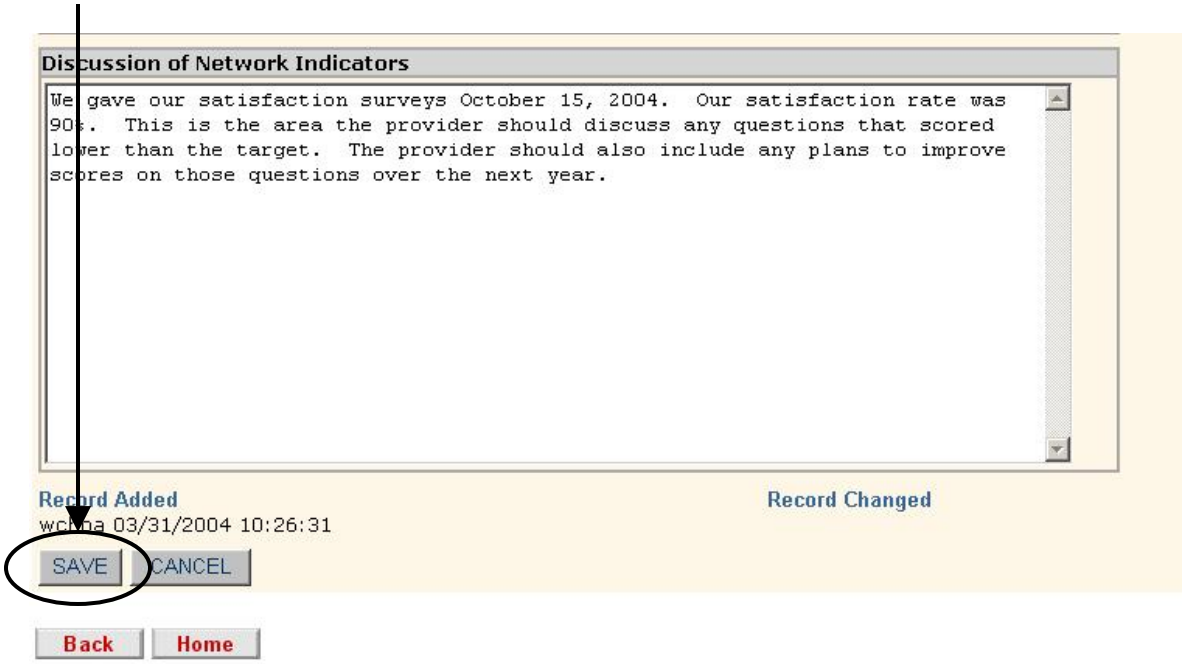
**Step 4:** Fill out all required fields.


TRAINING MODE
washtenaw community health organization
EnCompass
Back
Home
Logout
Help
messages
Change Performance Indicators
Some fields on this form contain calculated data. To update these fields to reflect your changes, click the button below
Update Calculated Fields
Quarter 1
Satisfaction with Services Provided (reported annually) - Data due April 30, 2004
# of Surveys Distributed
# of Surveys Collected
Response Rate (calculated)
Satisfaction Rate (from Satisfaction Survey Compilation Form)
20
15
75%
90.00
Community Integration (reported quarterly)
1st Quarter
2nd Quarter
3rd Quarter
4th Quarter
# of consumers served this quarter
25
Target # of group activities per quarter
10
Actual # of group activities for the quarter
6
Target # of consumer chosen activities per quarter
5
Actual # of consumer chosen activities for the quarter
2
Staff Retention (reported quarterly)
1st Quarter
2nd Quarter
3rd Quarter
4th Quarter
# of staff working 6 months or more
4
Total # of staff
10
Percentage of staff working 6 months or more (calculated)
40%
Discussion of Network Indicators
We gave our satisfaction surveys October 15, 2004. Our satisfaction rate was 90%. This is the area the provider should discuss any questions that scored lower than the target. The provider should also include any plans to improve scores on those questions over the next year.

**Step 5:** Click on the ***Update Calculated Fields*** button at the top of the page.




**Step 6:** Click the ***save*** button on the bottom of the page.


Discussion of Network Indicators
We gave our satisfaction surveys October 15, 2004. Our satisfaction rate was 90%. This is the area the provider should discuss any questions that scored lower than the target. The provider should also include any plans to improve scores on those questions over the next year.
Record Added
wcmba 03/31/2004 10:26:31
Record Changed
SAVE
CANCEL
Back
Home